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WHAT A NURSE SHOULD KNOW ABOUT TUBERCULOSIS.

Within the past ten years tuberculosis, as a subject for discussion, has passed out beyond medical text books into the pages of magazines and newspapers and pamphlets, out from college lecture rooms to general congresses and street gatherings, out from hospital wards to municipal council chambers, board rooms of charities and legislative halls. It has become a matter of concern to legislators and architects, economists and sanitarians, leaders in education and teachers of little children, labor unionists and clergymen, journalists and manufacturers, in short, to all responsible and well informed citizens. And the widespread campaign which is resulting from this more general knowledge is not an ephemeral fad which will have its day and cease to be, but an earnest endeavor to arouse men and women everywhere to deal with the greatest physical evil that taints and threatens the race.

In such a campaign of education and reform it goes without saying that trained nurses should, indeed must, bear a part, and that not as privates in the ranks, but as leaders. Whether fully informed and specially skilled or not, they will be considered to be so, and depended upon. Again and again they will be appealed to, and any opinions they may express will carry the weight of authority that belongs to special training. Would it not be well, therefore, that nurses, whether engaged in the work of nursing or graduated again to other and perhaps happier spheres, should take stock of what they know of tuberculosis and find if their knowledge be reliable, ample and up-to-date. Of course doctors and nurses are supposed to know everything that may be known about every illness, its care and cure. But the fact is, unfortunately, that doctors and nurses, like more ordinary people, know only what they have learned, and know fully only what they keep learning constantly. Knowledge of any given condition may be inadequate either because of insufficient or wrong original training, or because of neglect to keep pace with recent advances.

No disease condition is being so earnestly or so much studied at the present time as tuberculosis. Thousands of able and devoted men and women are trying to compel from it its secrets. In no department of medical knowledge are greater advances being made. We have not found the philosopher's stone, the easy, quick, sure, mysterious cure for which the laity long and which is promised them almost weekly in the newspapers; but we are unearthing by constant, arduous labor the slower wealth of knowledge. We are very far beyond the knowledge of thirty years ago. The direct cause of the disease, and many conditions favoring it, are known beyond dispute; we understand how both to avoid and to prevent infection; means of diagnosis

have been multiplied and are becoming all the time more sure and definite; we are more skilful in cure; hope has been given to the consumptive and many have been restored to health and usefulness upon whom the shadow of the black hawk's wing had fallen. As we learn more, we do not so much need to unlearn old facts as to change emphasis in our conclusions.

We have learned that tuberculosis is not purely a medical subject, but legislative, administrative, municipal, provincial, national, economic, educational, social, moral and financial as well. We have learned that it does not belong to the doctor exclusively any more than the responsibility for keeping the ten commandments rests exclusively upon the clergymen. Scientists must investigate, physicians and nurses must treat, legislators must make laws and provide means, but out beyond these leaders every household and every individual must be taught, aroused and enlisted for the campaign.

With the knowledge of tuberculosis, which cannot be too widely diffused, has come a pseudo-knowledge in which there is much capacity for harm. Magazines and newspapers in conducting a very laudable campaign are sure at times to place emphasis wrongly. The impression sometimes given is that a half hour's reading may enable one to understand the whole situation. A little knowledge is a dangerous thing. It is a common belief that when the catch words have been learned—"preventable," "avoidable," "curable," "food," "fresh air," "rest," "exercise"—nothing further remains to be known of the conditions and means of cure. As a matter of fact, fresh air, food, rest and exercise are only the tools which may be used with little or great skill, or with lamentable lack of skill, and with corresponding good or bad results. The good news that consumption may be cured meets with unbelief in many who have observed the results of what has been described as "eggs, milk and the back verandah," unregulated, wrongly regulated, regulated by chance, or self-regulated. It is easy to name the simple essentials of treatment, but the widest and wisest experience will not show any too well their exact application in any case. Six months' training may scarcely show a patient what rest means and a word from his granny may upset it all. Do we not know scores of unregulated, wrongly regulated, or self-regulated consumptives, who thought they knew all about the cure of consumption, who have walked, or hill-climbed or deep-breathed, or worked, or dieted themselves to death? There is no disease in the course of which the advice given must be so accurately fitted to the exact condition of the patient, none in which general directions given at large may be more harmful. In the matter of exercise alone, when the amount not only allowable but needful for a patient may range at different stages of the disease and cure from absolute rest in bed with no unnecessary exertion or even thought, up to almost unlimited exertion or almost a full day of manual labor, and when each gradation should be exactly fitted to the complex condition of the patient, it will be easily seen that offhand, ill-considered, ill-informed advice, or worse, treatment of the patient by the patient—than whom there could never be a more unsafe guide—is not likely to bring about the consummation devoutly to be wished.

No sick person is more ready than the consumptive to seek advice and none is more ready to change his mode of life from time to time according to

any advice he may receive. It goes without saying that the advice of a trained nurse will be frequently sought by such patients and much valued. Here a nurse can do great good or great harm. In the care of no disease do trifles count for so much, for a cure is to be reached by a gradual accumulation of small advantages and by the careful avoidance of every, even the least, disadvantage. A nurse who is well informed may very greatly strengthen the resolution of the patient to follow out exactly a wisely advised routine. On the other hand she may neglect an opportunity to do so, or, not knowing the condition of the patient who has thus casually spoken to her, may easily and unthinkingly weaken his resolution or direct him to do what indeed may have meant life and health to other consumptives, but which may mean decline and death to him. It goes without saying that one so responsible as a nurse should be thoroughly well informed.

A nurse may choose to nurse tuberculosis, but it is scarcely in her power to choose not to nurse it. In what direction, indeed, can she be sure of escape? Besides the great number and variety of surgical cases frankly tuberculous, in how many more is there a tuberculous substratum? Should a nurse flee even to obstetrical work she must know that the puerperal period with its strain and stress, prepares the soil in a remarkable way for the developing of the seeds of latent tuberculosis. Every illness and every accident, in that it weakens, predisposes to the disease which in weakness finds its opportunity. When the lessons of the post-mortem room have been well learned, when it is realized that tuberculous lesions are found after death in many more than half of all people, when tuberculosis is seen to be a vulture perched beside the desert pathway of life waiting to seize upon the weakened and the halt that for any cause falter by the wayside, it may be seen that a nurse may no more keep clear of tuberculosis nor remain blamelessly ignorant of it than she may of asepsis and antisepsis. And to the nurse may be given exceptional opportunities.

Tuberculosis is not an open enemy but comes as a thief in the night. It comes not with clamor or with ostentation, but silently and insidiously. Frequently it is well entrenched before any great sign of its presence has been shown. The early signs are various, inconspicuous and deceptive. The medical attendant, no matter how skilful, may easily miss them. It is the nurse on constant sentry duty who, if she knows the danger, may be first to sound the alarm. It will be well indeed, if she can note the burrowing of the first intrenchments so that all defensive forces may be summoned early to resist the attack. Whether the case be one of neurasthenia or mastoid, typhoid fever or fracture of femur, childbirth or dyspepsia, the arch enemy of mankind must always be in the sentinel's thought. It is evident then that a nurse is not in the best way prepared for her work if she does not know all that may be known of his tactics and modes of attack.

Besides this, there is fighting in the open field calling for volunteers. No soldier in the whole campaign has so important or so arduous duty as the visiting nurse of the tuberculosis dispensary. She is in the skirmishing line and wins the Victoria Cross over and over again in a year's duty. She

keeps her post where ignorance is most dense, where all difficulties are greatest and reinforcements fewest.

Not so difficult, but almost as self-denying is the work of the nurse who cares for the far advanced cases in special hospitals, who must speak of hope when there is little or no hope and guard against infection to herself and others when her patients have become too weak and weary to know or care how to take precautions, who must never weaken nor fail in her guard, whatever may be the discouragements that surround her.

Of a different sort and much easier is the work of the sanatorium nurse, so easy sometimes, indeed, that a sanatorium staff becomes a resting place for partial invalids. It is work, however, which must be learned by itself, and for which the fullest curricula of the ordinary schools do not attempt to qualify. Indeed, heads of institutions for the care of tuberculous patients have come to realize that they must train their own nurses. Post-graduate courses are given to graduates from the regular schools, but more generally another plan is followed—suitable patients ready to leave the sanatorium as "arrested cases," are enrolled for a two years' training and sent out as nurses of tuberculosis. So far as reports upon this method have been published, it seems to have everywhere turned out very satisfactorily, providing as it does, employment for "arrested cases" which will keep them constantly in a suitable environment, and—tell it not in Gath—securing much more satisfactory nursing for tuberculous cases than had been given by regular trained nurses.

The demand for nurses in the anti-tuberculosis campaign may be roughly indicated by the fact that in May, 1909, there were in the United States, besides Canada's few, 298 sanatoria and hospitals for tuberculous cases and nearly two hundred tuberculosis dispensaries. All such institutions are increasing in number very rapidly in all countries, and should increase very rapidly in Canada, where the need for them seems, unfortunately, to be not less than the need elsewhere.

If these things be true, if every nurse, no matter what her special line of work, should have an accurate, full and fresh knowledge of tuberculosis, its nature, phases and prevention, and especially of its early signs and the principles and methods of its treatment and cure; and if, as is beyond doubt the case, there is a rapidly growing demand for special nursing work among the tuberculous, the question naturally obtrudes itself as to what opportunities a pupil in our regular schools of nursing has for learning all these things.

It will surely be admitted that there is little or no opportunity in most of our schools for her becoming intelligently familiar with the various phases of this commonest of all diseases. Most general hospitals try to exclude consumption from their wards, it being held to require special facilities for treatment not found in an ordinary hospital or to demand an isolation not easily carried out there. Early cases are not brought to hospitals and certainly should not be brought to ordinary hospitals. And when the late cases are admitted, it is under compulsion, and at a stage when nothing remains to be done, but to make the patient as comfortable as possible, prevent spread of the infection and await the end. It is undoubtedly true that a certain

indefinite proportion of cases in all our hospitals, especially in the surgical wards, are more or less actively tuberculous, admitted on account of complications, intercurrent disease or local manifestations. Rightly or wrongly—wrongly, too often—attention and treatment centre upon the special, not the general condition, and when the general condition alone remains the patient is deemed ready for discharge. It is possibly more fortunate than otherwise that our hospitals, built upon prison and monastic models and permitting of out-door care only occasionally by way of a "treat" or a "change," do not receive tuberculous patients. The hospitals of the near future, with ample balconies and pavilions and means of keeping many patients in the open air during the whole twenty-four hours, will be much better suited for these and indeed for all cases. At present, however, general hospitals are not equipped for, and usually do not receive pulmonary tuberculosis. Any ideas, therefore, that nurses receive as to its care are usually lessons in how not to do. Of all these cases, their symptoms, diagnosis and appropriate treatment under proper conditions, the average nurse at graduation has learned little or nothing, and has in all probability gathered not a few decidedly wrong impressions. And yet tuberculosis is, out of all comparison, the commonest major disease of the race.

In the nursing profession as in that of medicine we can leave to take care of itself the training of specialists in the treatment of tuberculosis; the question of most importance is as to what knowledge of the disease and its care is not only available for, but forced upon the average nurse and the general practitioner. By what means can it be arranged that no nurse can avoid learning much more than the average nurse now knows about its various phases and the general principles of its treatment?

We can expect little help from the boards of general hospitals, for here, as at many other points, obtrudes the fact that hospitals are instituted primarily for the care of sick persons and are training schools only incidentally. Members of boards, as a rule, recognize no mission to provide trained nurses for the community at large, but receive pupils simply because they need the unpaid services of pupils in their own institutions. Advantages offered in the way of training are too often gauged at the minimum which will secure sufficient supply for their demand. What a nurse can pick up in the course of making herself exceedingly useful for three years is supposed to be ample compensation for her services, and heart searchings as to the adequacy of the training provided, or the sufficiency of the compensation, do not visit at least the average member of a hospital board very frequently. We cannot expect, therefore, that much would be done by "the powers" even were it proven to a demonstration that a training in nursing which overlooks tuberculosis is grossly inadequate to the needs of this twentieth century.

As for tuberculosis itself, it does not concern average hospital boards except as an uncomfortably insistent problem at their doors—carefully, for the most part, kept outside their doors—and disquieting only when enthusiastic persons hint that an institution built for the care of the sick might arrange to admit the most numerous class of sick within its doors. Needless to say they do creep in and are at every disadvantage because not frankly

provided for. At the risk of wandering from the subject in hand, it may be here stated that those most conversant with the tuberculosis problem see no reason why advanced cases of the disease may not be cared for in separate wards in any general hospital in which asepsis is carefully and conscientiously carried out. If a hospital cannot manage to do this safely it is failing, with its trained staff and its adequate equipment, to do what we are trying to teach all classes of people in all sorts of homes and under all kinds of difficulties to do.

Be that as it may, it is certainly true that the hospitals in which the great majority of our nurses are trained endeavor to exclude tuberculosis patients. There is small chance, therefore, that boards will bestir themselves to train nurses to care for these cases. The initiative must be taken by the training schools themselves, by the staff and pupils, in associations of trained nurses and by such organs as the "Canadian Nurse." And it may be said that, extensive as is the ground that may be covered, a working knowledge of the subject, which will keep a nurse mainly in the right way, is not beyond the attainable in any school of nursing.

Here and there are sanatoria, hospitals and dispensaries where tuberculosis is made a special study. It would be well if every nurse, as part of her training, could see something of the methods and results of such institutions. In time a sort of loose affiliation might be formed between hospitals and sanatoria so that a few at least of the nurses in general training might get some insight into sanatorium methods. This admittedly would frequently be difficult to arrange. Many hospitals, however, are so situated that a visit or a series of visits could be comparatively easily managed.

But though travelling may be expensive and affiliation difficult to bring about, talk is cheap and easy to provide as a rule. There is no reason why any training school, even the smallest, narrowest, or most remote, cannot have lectures upon tuberculosis. One, at least, of the larger Canadian training schools has risen to the occasion and in its calendar for 1909-10 provided one whole lecture upon the subject. The lecturer in the half hour at his disposal will presumably deal exhaustively with the whole subject in its medical, surgical, orthopedic, economic, social, educational, and other aspects and will undoubtedly give the class ideas sufficiently full and clear to last them through a three years' training upon etiology, prevalence, latency, pathology, symptoms, treatment, nursing, prevention, and cure, leaving out none of the thousand and one unclassified facts which go to make up the knowledge a nurse should have of the disease. Such provision—one lecture in three years and no other training—is just the kind of treatment of the subject that sends out into their responsible places in the community, nurses with no better or truer ideas about the most prevalent of all diseases than their grandmothers had before them. Men and women engaged in anti-tuberculous work and local medical men who know the subject will always be found ready to give a much fuller instruction than could be provided in such a solitary lecture. Nurses who know tuberculosis and its treatment could give talks of special value.

There still are left books and magazines. Training school libraries

usually have more the appearance of museums than libraries and could in many cases be consigned in bulk to a bonfire without greatly decreasing the sum of human knowledge. On the subject of tuberculosis, if on no other, the books of ten years ago are not worth reading except in a historical way. The same, of course, may be said of some, the ink of whose pages is as yet scarcely dry, for faddishness must flourish about any subject as much discussed as tuberculosis. Yet there are books and magazines which will indicate the best and latest known about the disease and its treatment. It is not too much to say that it is the duty of every training school superintendent to see that such are provided for the nurses' library and equally the duty of nurses in training to take advantage of these and all other available sources of knowledge with regard to tuberculosis.

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NEURASTHENIA, FROM THE NURSE'S POINT OF VIEW.*

In considering the subject of neurasthenia it will be understood that this paper treats not of the province of the physician or of the instructions that the nurse receives from him, for it is the nurse's duty to follow the physician's instructions, but of that indefinable sum of points, facts, relations and activities, and the innumerable mass of details, large and small, that together go to make up the whole that is called nursing.

In the first place the neurasthenic, as he or she comes under the nurse's observation and treatment, presents himself or herself to the mind of the nurse as a being composed of three essential, distinct and complex parts (body, mind and soul), and one in whom conditions and functions of some one (though seldom only one), two, or all, and usually all, of these three parts are in some way or other perverted from the conditions of health; and while it is no part of the nurse's duty to enter into the study of morbid material conditions that have helped to produce the general state of constitutional disorganization and demoralization and wholly unfit the subject of it to perform their part in life, it is her duty and work to combat by every means in her power those perverted conditions, and to lend her assistance so that, by the united efforts of medical science, the trained skill of the nurse, and that moral awakening, renewal and activity that it is or should be the object of every nurse to arouse in her patient, the one for the time overcome by the conspiracy of disposition, character, physical weakness or disease and circumstances, may be lifted up and set again on his or her feet strengthened and encouraged to again take up the burden and battle of life, without feeling that the odds are all against them.

I might mention first, and dismiss, that class of cases needing only rest and building up, those suffering from an apparently simple exhaustion of brain and spinal cord matter, as evidenced by a greater or less degree of difficulty in performing the ordinary labors, physical and mental, of life, without any great disturbance of physical organs and functions, excepting a

* Read by Miss Rankin, St. Joseph's Hospital, London, at the Annual Meeting of the Canadian Society of Superintendents of Training Schools.

run-down condition or the usual perversities, mental and moral, of nervous patients.

As met with in a nurse's experience, one may say that a neurasthenic is always run down; the tissues are all deteriorated; and the physical functions all more or less at fault; and this manifests itself by a combination of aches and pains and ailments, real and imaginary, more varied than any healthy imagination could picture or ordinary pen describe; and where one has such conditions before her continually influenced by the morbid mental and moral state usual to these patients, it is hardly needful to say that neurasthenia cannot be written or read on paper; it is written, and can only be read, in the living and wholly to be unenvied, subject of it; and then when I recall the fact that these cases are frequently complicated with hysteria, even the inexperienced, I think, would understand that nursing neurasthenic patients is, to say the least of it, difficult.

Without entering into any detailed discussion of physical conditions, that particularly interest and concern the nurse, I might note in passing some of the most conspicuous of them.

In these cases loss of weight is usually to be observed, sometimes to the degree of emaciation, while what for the want of a better term, we may speak of as "tone and fiber," are always markedly deficient (deficient in mind and character, as well as in body), the tissues as far as sight and touch can perceive being soft and flabby, while those beyond observation, reasoning from the general condition and inefficiency of function, may, I think, be assumed to be the same; and with these facts one is prepared to find an endless train of symptoms, such as lassitude, pain, neuralgia, and of other nature often real and severe, often also exaggerated, not infrequently imaginary or largely so; sleeplessness, perverted sensations, loss of or intensified sensation, headache; all the symptoms of alimentary disturbance; constipation being almost invariable; palpitation, irregularity and weakness of heart; muscular weakness, cramps and such like; dry, harsh skin; imperfect action of the kidneys; disturbed conditions of the menstrual function; and so on as far as one wishes to look for symptoms, yet all pointing in the same direction.

Passing from the consideration of symptoms that are more directly or manifestly connected with material conditions in the body, we come to that set of symptoms that present themselves to the attention of the nurse as manifestations of conditions or attitude of mind and soul, though in the further discussion of the subject I shall allude to the latter under the more conventional form of "character." It is this set of symptoms, or to be more explicit, the conditions from which they arise, that place neurasthenic patients in a class by themselves, and make the especial and great demand upon the intelligence, judgment, patience, firmness, justice and wisdom of the one whose lot it is to have to nurse them. This department of the nurse's duty and activity is the one that is so difficult to explain or write about, as it depends above all things upon that inner perception or feeling on the part of the nurse of that interior perverted state, thought, or feeling which in the mind and character of the patient is the cause or root of

unwholesome sentiment, conviction and motive, and therefore the cause of a correspondingly unwholesome and unhealthy state and conduct.

So we may say the neurasthenic patient is one in whom all the component parts of being are, for the time at least, thrown out of the normal course of sensibility, conception and discernment, as well as of action, whether moral, mental or physical; and one who, by reason of his or her condition, is rendered peculiarly susceptible to all the disturbing influences that tend to interfere with the normal and peaceful course of life, by whatever channel (body, mind or soul) they may approach the one so afflicted; and it becomes the part of the nurse in her patient's necessity, while so incapacitated from playing his or her part in life's fight against those influences, to watch continually and exercise all her intelligence, knowledge, tact, strength and grace, to shut out as far as possible everything, whether of material or immaterial origin, that would disturb; and in many (I might say most) cases to set in their true light to the mind of the patient things that seen in the perverted vision appear to be monsters ready to swallow up the hopeless victim, but are in reality only in the nature of those ordinary trials and experiences that come into the lives of all people, and that are like necessary developing elements in life, without which is never built up the character of true manhood or womanhood.

Personally I must say that I have no confidence in the method of systematically continually antagonizing (or to use the more common word "fighting") neurasthenic patients; it may answer well enough as far as building up the body is concerned and as far as a recuperated body may refit one to resume his or her customary work; nor could I look upon or treat such patients as though they were children.

My conception of these cases, which I have always found confirmed in practice, is that the most important factor in producing the abnormal condition, and consequently the same in bringing about a return to health is in the character (soul) of the patient; and that the object of the nurse, while giving unceasing attention and care to the purely physical part of the treatment, should always be to reach and to arouse to activity the highest sense of manhood or womanhood that her patient is capable of feeling or acting upon; and I have not found that this could be done otherwise than by treating them as responsible men and women, and seeking to arouse in them that sense of wisdom and duty that will strengthen character and mind, and enable one to ignore the lesser ills and assailments of life, and combat and overcome the greater one; and this I believe to be possible only to the nurse who is always kind and sympathetic, never exclusive, sentimental or emotional, always firm and reserved, sometimes stern, and when occasion calls for it, and justice and wisdom are with her in it, even angry, sometimes very angry.

As the physician prescribes the treatment for nervous patients it is difficult for the nurse to say much about treatment without appearing to encroach on the field of the physician, but as, unfortunately for the nurse, the physician does not have the carrying out of his prescription, it will not be out of place for me to enlarge somewhat on treatment, treatment applied,

more particularly too as there is so much in each case that never comes under the observation of the physician, that demands immediate attention and action on the part of the nurse; also the nurse is always with her patient, and her own personality and presence, consciously or unconsciously, must always be no small factor in the treatment of such cases.

As to the material part of treatment, the nurse's most relied upon resources, and usually quite sufficient, are cold baths, massage and exercise and feeding.

As full directions are assumed to be given by the physician in each individual case, and an understanding on the part of the nurse of the methods used in these cases, I shall confine my remarks on the details of physical treatment to a few practical points that present themselves to my mind as calling for more particular attention.

In the matter of cold baths, the usefulness of which can hardly be over-estimated, the object is to obtain their stimulant, bracing and permanently tonic effects without depression or exhausting and wasteful reaction, and the two most particular points in this connection are to avoid chilling, and to secure efficient restoration of circulation and body heat. To avoid chilling, the patient must be gradually led up to the habit of endurance by beginning first, if necessary, with tepid, or even warm water, followed by cold spray or sponging, and then gradually developing into the full cold bath; while the restoration of circulation and body heat is accomplished chiefly by brisk rubbing, and exercise on the part of the patient, and I might say here that no warmth is so beneficial to the patient as that which is obtained by his or her own brisk physical movements. Besides these two means it is not infrequently necessary to have recourse to warm blankets and hot water bags, with a glass of hot milk internally, and these should always be used with a patient menstruating, after cold baths.

Cold baths, apart from their immediate physical efforts, are also a strong factor in developing mental tone, vigor and effort as anyone will understand from the strong effort of will that it requires on the part of a healthy person to plunge into a tub of cold water when the thermometer is at freezing point, or lower.

In speaking of massage it will only be necessary to say that the object of it is almost, if not exactly, identical with that of exercise; it is exercise in which the work is performed by the nurse instead of the patient, and this quite naturally suggests the desirability of encouraging in the patient himself, or herself, the habit of exercise, instead of depending upon the nurse for it; so while, like rubbing after cold baths, massage is good, personal exercise is still better, for it is always within the patient's reach, and an intelligent system of physical movement meets this need, which the patient should be trained to follow periodically, punctually, systematically and persistently; and here again the physical overlaps the mental and moral, for when a neurasthenic can be constrained to follow an intelligent effort of any kind with method, order, system and persistence, a most desirable object will have been attained.

As to the idea of the physical, mental and moral overlapping, I might

say that this will be found running throughout the whole course of treatment, and it is an idea that a nurse should constantly keep in mind and endeavor at every possible point to turn to the advantage of her patient.

In speaking as above of massage I do not wish to be understood as at all belittling the value of it or encouraging the nurse to neglect it; but rather of the desirability of developing the habit of exercise in the patient that will increase the good effects of the massage (which is in many, if not most, cases available only during the time of treatment) and tend to make them permanent after the patient has passed from the care of the nurse; and again because very often while the massage itself might be very desirable and available for patients who have returned to their ordinary course of life, the good effects of it might be more than counterbalanced by the tendency that anything savoring of medical treatment has to produce in the mind of this class of patients a conviction and habit of invalidism.

In the matter of feeding, the first object of the nurse is to get the alimentary tract in the best possible state that conditions and circumstances will admit of. Until that is in a measure at least attained, feed with a view only to sustenance, for valuable time is sometimes wasted in attempting to force nutrition and building up beyond the patient's powers, and under such circumstances not only is the effort lost but the patient is very likely to be thrown back and recuperation retarded.

The desired condition of the alimentary tract having been secured, or as nearly so as possible, the nurse proceeds to work to their full capacity the process of digestion and assimilation, with the object always in view, not of securing weight and fat, which are always incidental and desirable to a certain extent, excepting in patients already of full average weight (as sometimes is found) or even excessive weight (as to these latter I might say that a nurse always approaches them with a certain degree of apprehension, for not infrequently they are an especially difficult class of cases in which to secure satisfactory results); but of building up all the tissues, fibre and tone of the body, and developing fibre and "tone," which quickly manifests itself in improved function. The statement will be easily understood and, I think, incontrovertible, if I say that in nervous cases the chief object of feeding is fibre and tone, which are essential to healthy physical life, function and activity, and the restoration of which in a physical sense makes a new man or a new woman. While fat and weight add nothing to the vital forces of nature, if we except the heat producing properties of the latter, so excessive increase in weight is to be carefully avoided, as it is not infrequently due only to an accumulation of fat with little or no improvement, possibly even deterioration, in the active tissues of the body.

Increased weight can be obtained in almost any nervous case by the combination of rest, cold baths, massage, exercise and feeding, quite apart from other improvement; and when a nurse finds that her patient is not gaining weight after a reasonable time of judicious treatment on this line, she has good reason to consider the probability of some organic trouble, that must be diagnosed and corrected before he or she can be a satisfactory subject for rest cure. Weight may be increased and physical functions to a

greater or less extent improved, without any corresponding improvement in mental and moral state, which a thoughtful nurse would look upon as a grave matter, suggestive of confirmed condition, which might be even aggravated by improved bodily state, and these are the cases that are often found the easiest to fatten, but fibre and tone are not correspondingly increased, and among these are frequently found unmarried women in easy circumstances past middle life, who have neither the ties, interests nor motives of domestic life, nor yet the compulsion of necessity to thought, activity and effort.

In considering symptoms, pain, real or imaginary, usually to a greater or less degree real, is nearly always observed in nervous cases; but the nurse must always be on her guard to distinguish between pain that is real but unimportant, or pain that is mostly imaginary, and pain that is a serious symptom, as for instance the pain of peritonitis of which the symptoms are not well marked (and I might say in passing that my own experience is that the symptoms of any disease acute or chronic, as a nurse sees them, are liable to be much modified or veiled by conditions prevailing in neurasthenic cases), but, just as the nature of the outcry reveals the stage of labor, a careful and observant nurse will soon learn to distinguish by the vocal expression, facial appearance, and attitude of the patient between the pain that may be wisely laughed at, and that that calls for all the effort and assistance that the nurse's skill and sympathy can give; as a rule no nurse should treat any complaint of pain as unimportant that is accompanied by a rise of temperature, unless it can be positively ascertained that the pain has no connection with the temperature.

I would also say, as many physicians recognize and practise, that I believe it well, when the physician has entrusted his patient to the care of the nurse, for it is assumed that he has confidence in her, and if he have not that confidence he should not entrust his patient to her, that the case should be left as much as possible to the direction of the nurse, to avoid conflict of influence on the patient between the physician and the nurse, in explanation of which I might say that I have not infrequently seen (and other nurses speak of similar experiences) physicians, with the best possible intentions, through not understanding the "thread" that the nurse was following at this particular moment (for the neurasthenic is like a tangled skein that the nurse is set to unravel and restore to order and continuity), with perhaps half a dozen words out of harmony with the activities of the nurse wholly upset a condition of mental repose and effort at self-control that the nurse had only succeeded in establishing after long, difficult and weary work with her patient; for while we are all willing to concede the superiority of the masculine intellect, and, like little moons, to shine in the spare light of the larger luminaries, still we all like to cherish the conviction (which the masculine intellect may perhaps call delusion) that, as a little compensation, nature has given to woman more of what I might call mental and moral sensitiveness and mobility, to perceive the delicate phases and shades of mental and moral convictions, sentiments, conceptions, influences, impulses and desires, especially in female patients, the perversion of which underlies the whole range of conduct in these cases, and to respond, and rise and turn to the

constant and swiftly varying demands of this abnormal condition, and a little more of tact and fertility in the lesser resources, so necessary to correct, modify, restrain, direct or eliminate those manifestations of the subverted mental or moral state.

And the one who nurses these cases deserves some consideration, for a neurasthenic case takes from out of his or her nurse that for which she can never be repaid, for the strain and tax on mind and body of those who nurse neurasthenics is such as can be understood only by experience, and requires a physical constitution that few nurses possess to enable one to continue long in such practice.

Having disposed of that part of a nurse's duty that is more immediately directed to the physical building up of her patients, we come to that which pertains to mental and moral state, and I need hardly say that this is by far the most difficult part of the nursing of neurasthenic patients.

If sought for there will always be found deep down in these cases a perverted or obscured perception of those great fundamental principles in human character and life of right and wrong; and more easily ascertainable still will be the multiplicity of unhealthy mental conceptions and habits.

If neurasthenics could be aroused to a sense of what they ought to do, and the will to do imparted to them, nursing would be easy, and results eminently satisfactory; but that is where the great difficulty lies, and for that reason results are seldom, if ever, just exactly what a nurse who aims at all at the perfect, would wish them to be; also for that reason seldom, or never, is a patient passed from the hands of the physician and nurse that the critical and accurate observer could say was really "made over," according to the best possibilities of his or her personality and circumstances; but instead of being like a new garment, is rather like a garment that has been more or less thoroughly washed, and more or less, according to the susceptibility of the patient and the capacity of the nurse, well and neatly "patched and pressed"; but just as people often say "half a loaf is better than no bread," almost any patch is better than the original hole.

Having once gotten into the subject there are many things that I would like to have spoken of, and others that I would like to have dwelt further upon, but the limits of time and of my claim on your patience make it necessary to curtail the volume of this paper.

As to dealing with the moral aspect of neurasthenia, the whole system of effort of the nurse is, I conceive, founded on a few simple principles, of which the first and most important is the appeal to and constraint of conscience; that is, as already alluded to, the element of right and wrong; and the ideal patient, who is never met with in practice, would respond with her whole heart and soul and mind to this appeal, and in that response would be established in a fixity of will and purpose, intelligence of discernment, and persistence of effort (that are always conspicuously absent in neurasthenia), that would, with the assistance of the other means and circumstances of treatment, lead to the ideal cure. But had the patient this susceptibility of conscience the probability altogether is that it would have kept her in the first place out of the neurasthenic state; but lesser degrees of response, where

the complete cannot be attained, should be sought and are frequently found, and are correspondingly welcome and effective.

After the appeal to conscience may be named the appeal to reason, and many a patient who is quite indifferent to and unapproachable on the ground of the right or wrong of his or her conduct, will be found more or less sensible to and comparatively easily constrained by the unreasonableness of it, and by the reasonableness and wisdom of the treatment and line of conduct prescribed for him or her, as the case may be, with always commensurate benefit; and the nurse, always with her patient, is always (at least always should be) consciously or unconsciously appealing not only to the conscience, but to the reason and sensibility to the dictates of wisdom, of her patient.

Then also another factor in treatment, closely allied to the sense of wisdom, is that of affection (feeling). Sometimes patients who are quite indifferent to right and reason, may be touched and constrained and aroused to mental and moral effort, by an appeal to their affections, as may not infrequently be seen in the case of nervous women who can be stirred to the first move out of their mental lethargy only by an appeal to their affection for children or husband.

Sometimes also the nurse is so hard driven that she is very glad indeed to find that her patient will respond even a little to an appeal to his or her sensibilities as a gentleman or a lady.

And what the nurse dreads above all things is the apathy that responds to no appeal, the patient that cannot even be made angry.

After what has been said it will, I think, be understood why I have no confidence in "fighting" these patients; my conception is that the end of treatment should always be to arouse a patient to the very best in sensibility, aspiration and effort that he or she is capable of, and I cannot believe that that can be done by a course that humiliates and degrades a patient in his or her own eyes, but rather by one that arouses a patient to a wholesome sense of shame for his or her misconduct, and a wholesome sense of shame is very likely to be followed by a wholesome sense of self-respect, and these frequently are the first putting forth of the "blade" that eventually becomes fruit, in a recovered hold on, and stand in, life; and to my mind, a nurse's effort should be so directed as to make the patient while he or she feels the dominant power of will of the nurse as an irresistible constraint in their lives, also feel that they have in the nurse a strong, firm, enlightened guide and counsellor, and a kind, tried, helpful and restful friend.

Personally I must say that I have never found it practicable in experience to secure any help in these cases by trying to interest or engage the mind of the patient in the perusal of literature bearing on his or her condition, because the mind of the patient who can be so approached is not in a condition to read and discriminate and digest for itself. Such knowledge, as is so often illustrated in bodily states, must be administered with the greatest discretion and at seasonable times in small quantities, predigested, and in the most appetizing and assimilable form.

In summing up the subject of neurasthenia, as a nurse sees it, I would say that I have given my own conclusions and convictions from personal

experience and knowledge of these cases, and thought on the subject; and as it appears to my mind, the one thing that stands out before all others in importance as a factor in producing the neurasthenic state, and also as giving the most important indication for treatment, is to be found in the heart or soul of the patient and is that subverted sense of right and wrong, and of positive and unevadable personal responsibility; and when you can arouse your patient to the active discernment of what he or she ought and ought not to do, and to fixed and persistent effort to do the one and not to do the other, the treatment becomes simple and success assured, for then state and function of intellect and body are all under easy constraint, influence and control.

These are my own conclusions, convictions, thought and feeling on the subject, from which I am aware others may widely differ, but, with all respect for those who may differ, I shall still believe them to be the truth.

And in conclusion I would say that while much is being done for the treatment of these cases, I believe more still remains to be done, and always will remain until neurasthenia with all other evils has passed away for ever; not however, so much in the way of elaborating theories of treatment as in careful study and observation on the part of the individual nurse, and, more important still, of that conscientious and exacting self-cultivation that is in all respects the direct antithesis to neurasthenia, which together will enable her to do her duty by those stumbling and fallen travellers in life's path, whom she has undertaken to help up on to their feet again.

HOW TO FOSTER THE TRUE SPIRIT OF NURSING AND COMBAT THE COMMERCIAL.*

What struck me as something which might apply very aptly to some of us and deter us from any aspirations to literary work was let fall from the lips of a wise man on being interviewed by a "seeker of knowledge" as to his life's work. "I have never had a moment of unoccupied time," he said, "outside my own business and religious affairs to devote to writing on any subject and moreover I consider it a waste of time unless one were quite sure of producing something great and useful."

Although feeling one's utter inability to produce anything great, still one naturally feels a certain reluctance to absolutely refusing to try and help. We all know, or a good many of us, at all events, how disheartening it is and how great the disappointment to the small working committee of any society, on receiving repeated refusals for contributions to their programme. Having a fellow feeling for these trials, I am gong to venture my mite, trusting my fellow workers will accept it with all its imperfections in the spirit in which it is given—as merely an honest effort to be of some help.

How to combat the growing influence of commercialism, which threatens to undermine the true spirit of our profession, is one of the most serious problems of the present day to us nurses and I think we must admit that the

* Read by Miss Chesley, Superintendent of St. Luke's Hospital, Ottawa, at the Annual Meeting of the Canadian Society of Superintendents of Training Schools.

remedial measures must be begun in our training schools. We all have the honor of our profession at heart and although allowing that the admixture of dollars and cents is inevitable and justifiable in any walk of life, within certain limits, too great a preponderance is repugnant and humiliating to a degree in the nursing profession.

The first step to be taken towards controlling it is a careful choice of the material for our schools. This is a difficult matter as so many apply for admission from such varied motives, and alas! those with the ideal motive—love for the work—are in the minority. Furthermore, the one imperative need with which we are always face to face, is the provision of sufficient material to nurse the sick in our wards and this material must be provided from what is offered for our selection, be it what it may, and that at once for we cannot close our hospital doors till we have searched for and found the right sort.

What are our facilities for making the proper choice? A number of young women, who of necessity have to choose some vocation as a means of earning a living. The facile conditions for entering a training school for nurses present themselves and are certainly alluring. No fee is exacted for entrance, with few exceptions; this is important to those having little or no capital. A certain standard of education, not necessarily a university training, certain standards of physique, health and character, the passing of an elementary examination and a practical test for a period of several months are required. The following fact also appeals to the average candidate: not having sufficient in herself to warrant any social standing, she hopes to obtain it through her profession as a trained nurse. One cannot deny that it is the open sesame to the house where a tradeswoman or one engaged in some other honest but caste-dividing occupation could never hope to enter. They weigh these advantages against conditions offered by other occupations and the scales fall in favor of nursing. Having complied satisfactorily with the hospital conditions of entrance they cheerfully launch themselves into the work of equipment for making a good living as trained nurses. We must acknowledge that these are perfectly honest, and up to a certain limit, quite laudable incentives, at the same time appreciating the necessity of motives less mercenary and more worthy of our profession. In the first instance, in making our selection of probationers, we rarely have more to guide us than perhaps a number of well written, well spelled and well constructed letters of application, credentials of character and certificates of health, two or more letters of recommendation from friends at the solicitation of the applicant and any information we may be able to gather ourselves from letters of inquiry. The preparatory class of four to six months may perhaps give us better opportunities for probing motives and grasping the salient qualities of our material. We can certainly count on having greater opportunities for daily intercourse with them and thus the means of closer observation from which to draw conclusions. Yet how much further can we get beyond the fact that our candidates possess characteristics of diligence and ambition, the capacity for obtaining and retaining knowledge readily, powers of observation, etc.? Our material has not as yet been allowed to confront the

sickness and suffering in the wards, their fitness and temperament, therefore, for their work as nurses have not been tested; their chief aim has been the preparation for and successful termination of their trial work and they have been wholly absorbed in it. Let it be understood that our choice is finally made among those candidates who have evinced the greater quota of brains and good, practical common sense and these, we must acknowledge, we accept and welcome with a certain satisfaction as the product from which will be evolved the coming superintendent, and in the interval, and very important to us, the managing of the wards of the hospital, in which we are more immediately concerned on true economic and common sense principles. Are we attaching too much importance to these points? By no means; these qualities are obviously indispensable and on these grounds we select our material, but with an acknowledged trust in Providence to direct us aright and hoping that we have chosen that which has talent, the heart to govern the head or the true spirit of nursing which we hope will, on development, dominate every action. This, then, is the material upon which we have to work and upon us superintendents is placed the responsibility of guiding it aright so that it will be everything that is ornamental and nothing that is disfiguring to our profession. We have two duties clearly before us — to foster the true spirit of nursing and combat the mercenary. By accomplishing the former we can best hope for a solution to the latter, indeed I firmly believe there is no other way. Our alumnae associations, registries, etc., are helpful, but it is only by the good principles inherent in our material, cultivated in the training school and acted up to by the individual nurse, that the cure can be effected.

What can we do to foster the true nursing spirit? Be it understood that ideals and standards exist for every one of us and they cannot be too high and that even if we fall short of the full realization of them it is possible for all to press forward to the highest mark of our high calling, and this should never be lost sight of for one moment in our intercourse with our pupils. The initial step to be taken in the installation of high principles, I take it, is by attaching more weight to the spiritual side of our training. Perhaps we are all too prone to allow the mental and physical to take precedence, even to pass over the spiritual. Why should we? It is indisputable that the spiritual side of the question is the keynote to the true spirit of nursing, therefore of vital importance. It can be interpreted to our pupils as the power that gathers together and matures all that is best in us—the love, sympathy, tact, unselfishness, the toleration, mercy and pity for the sometime loathsomeness and hideousness of disease. The keen sense of gratification we must feel in ministering to and alleviating the "world's highest needs," impelled to do so by this indefinable power, this spiritual life, must bring, perhaps, not pleasure or enjoyment but certainly happiness. Does not this give it sufficient valuation in the eyes of our pupils as a thing to be sought after?

What practical means have we at our disposal to combine with our precepts? First, the beginning of each day should be hallowed by the whole school asking together for Divine guidance in the daily round. The greatest

consideration should be shown in facilitating and in encouraging church-going; perhaps a society might be formed among us—a Young Women's Christian Association or a small band of social workers, who would undertake to look into the needs of the ignorant poor within our walls, following them to their homes and making them ambitious for and helping them to find better things, ever keeping our pupils cognizant of any movement for the public good and inciting them to interest and the desire to help. They may be induced to give a little of their time off duty each day to some good work and so on, anything to counteract the superficial and strengthen the deeper side of their character.

To come to the close of my argument, let us glance for a minute at the commercial or practical side of the question. A nurse must live, then let her live where there is wealth to pay. On the other hand, she must let live. Sickness is ever an unwelcome guest to rich and poor alike, but when it comes hand-in-hand with poverty or only limited means and bringing in its train a whole retinue of expenses, no true nurse or woman would condescend to strain these limited resources unduly for her own gain. Finally, her greatest safeguard against a tendency to traffic at the expense of sickness and trouble, is due to the habitual blending of the spiritual with her busy, full, hospital life. I take it this is the solution to the problem. I can think of no better way of rounding off my paper than by giving you these beautiful words of Jean Blewett, which I am sure you will all think applicable:

Each day that comes to us with dawn of rose,
Each common day, filled up with common toil,
A ladder is let down by One who knows
Our passionate desire to rise above
The littleness of life, the grime, the greed,
To find the higher way, the vision clear;
A ladder swinging from the Hills of Gold
Right down to this old workshop yclept the world,
Where you and I may set our feet and climb
By rungs of lowly task and broken prayer,
And self-forgetfulness and pure desires,
A little nearer Heaven " 'twixt dawn and dusk."

ST. BARNABAS AND OTHER LEAGUES.*

The Guild Principle.

As we look over the history of humanity, reading therein the record of its struggles, we are impressed with the means which have been resorted to in order to deepen and encourage the best and highest in its character. Among these means we find guilds and leagues existing for the perfecting of a craft, and the preservation of the soul of that craft. It was not merely that the workmanship should become more perfect in execution and of greater monetary value, but that it should become well-nigh an impossibility for the

* Read by Miss Young, Assistant Superintendent of Nurses, Montreal General Hospital, at the Annual Meeting of the Canadian Society of Superintendents of Training Schools.

individual to dishonor his craft by unworkmanlike work. Guilds have existed for many hundreds of years in England and under the influence of Christianity the spirit of association received a mighty impulse. The essential principle of a guild is the banding together for mutual help, mutual enjoyment, and mutual encouragement in good endeavor. Brentano tells us: "The craft gildmen provided for the maintenance of the customs of their craft, framed further ordinances for its regulation (including care against fraudulent workmanship)." Obedience, peace and good will, we are told, were enjoined upon its members. This being the raison d'etre for their existence, we are not astonished at the profound influence guilds have had on the character of institutions and of individuals. The tendencies that arose through the influence of commerce quickly (as well as skilfully) performed labor, influencing in time these guilds of craftsmen and their ideals, they became to a greater or lesser degree less spiritual in character and correspondingly less and less of an influence in the progress of humanity.

Nurses' Associations.

Looking within our own field, that of nursing, though we have a comparatively short history it is none the less an interesting one, reflecting as it does the history of individual and associated endeavor to improve our work both from a spiritual and from a scientific point of view, and as in general history so we find in the history of nursing, associated rather than isolated efforts proving effectual. Such associated endeavor we find in the work of our guilds, leagues, alumnae associations, superintendents' societies, national and international councils.

Origin of the Guild.

The Guild of St. Barnabas for nurses was begun in London in 1876. Miss Antrobus, herself a trained nurse and deeply interested in the well-being of the profession, determined to make the experiment of a guild or association which should concern itself with the spiritual profit and mutual support and encouragement of such trained nurses as might be drawn to join it. After full and careful consideration, Miss Antrobus and the little group of friends whom she had invited to co-operate with her, drew up a scheme of organization and a few tentative rules which in 1895 received their final shape and are now printed in the Guild's Manual. Early in the morning of St. Barnabas Day, June 11th, 1876, a few friends met and received Holy Communion together. On the evening of the same day the first guild meeting was held and the work commenced under the name of the Guild of St. Barnabas. There seemed a peculiar fitness in thus connecting the guild with the "Son of Consolation." No name could more fully express the ideal of a Christian nurse or more perfectly remind her of the sacred obligation of her calling—"Guerir quelque fois, soulager souvent, consoler toujours"; to heal sometimes, to relieve often, to console always.

Aim and Rule of Life.

The aim of the guild is purely religious; it concerns itself not with the technical details of a nurse's work, but with the hidden world of aims and motives, with character—its roots and its unfolding. Its ambition is, in how-

ever small degree, to help its members to be good Christian women, to support them under the strain of their particular calling as nurses, in simple ways to deepen piety, and to give warning and guidance against temptation. To this end there is a rule of life, which adds no new duties except attending once a month (when not on a case) at a guild meeting. To quote our Canadian District Chaplain, it simply reiterates what is expected of every Christian woman—prayer, sacraments, and dedication of life. The actual rule of life will be found in the Guild Manual, copies of which can be attained at any time.

Growth of the Guild.

The brief history of the progress of the Guild of St. Barnabas is this: In 1876 the Guild of St. Barnabas was founded in London; five years later a branch was formed in Manchester. In 1883 "Misericordia," the guild paper, was started. At present there are fifty-one branches in the British Isles, as well as one in Australia, one in New Zealand, and one in Zanzibar. In addition to these districts have been formed in the colonies, in India with three branches, South Africa with four branches, and in Canada with three branches.

Meetings.

The regular monthly meeting of the guild consists of the guild service and an address by the chaplain or other clergyman. This is followed sometimes by a meeting and always by a social hour, when tea is served and the members have an opportunity of meeting each other. In England there is an annual retreat. The anniversary service held on St. Barnabas Day or as near that day as possible in London is most interesting. At the twenty-fifth anniversary service held in St. Margarets, Westminster, the patron of the Guild of St. Barnabas, the Bishop of Lincoln, preached the anniversary sermon. The tea and annual meeting took place in the Church House, Westminster, which was especially decorated. Florence Nightingale sent greetings and good wishes as she was unable to be present. At the thirty-third anniversary service held last June the Bishop of Birmingham preached the anniversary sermon and at the annual meeting the originator of the guild, Miss Antrobus, was again elected Superior General.

Membership.

In regard to membership of the guild, the English constitution (which is that of the districts) reads that a nurse wishing to join the guild shall be either a probationer of at least six months standing in training at a hospital or infirmary, or one who has been so trained and is in the active exercise of her profession. She must be a communicant of the Church of England. Midwives and monthly nurses are eligible, provided that they bring proof of hospital training and of having been engaged in work for six months or more. In order to become a member of the guild, it is necessary to apply personally or by letter to any of the guild officers; if approved by such officer the name is submitted to the chaplain-general or local chaplain and on his approval the applicant is admitted at a guild meeting. At the end of six months associates may be received as members. One of the features of

the Guild of St. Barnabas is the medal given to all members, serving as a token and badge of membership. This is frequently the means of mutual recognition.

The Guild in Canada.

The work began in Canada, January, 1898, in Montreal. Toronto next formed a branch, then Ottawa. Three years ago a Canadian District was formed, and a branch has since been opened in Quebec. The districts are governed by a superior assisted by a district chaplain, and a council composed of at least six members. Local branches may be established by application to the District Council. The district may make by-laws subject to confirmation by the Council General in London, England, but must accept all the articles of the constitution of the guild, including the rule of life. This constitution together with the rule of life, as I mentioned before, is to be found in the little manual of the Guild of St. Barnabas. In Montreal the work of the guild is most encouraging; the regular meetings are held on the third Tuesday of each month in the evening, either in the chapel of St. John the Evangelist Church, the chapel of the Royal Victoria Hospital or the Montreal General Hospital chapel. At meetings held in the hospital it has been interesting to note the very large attendance, which simply signifies on the part of the nurses, graduates and those in training an interest that cannot be overlooked. Above and beyond these meetings is the opportunity offered once a month in our hospital chapels when the Holy Communion is celebrated for the nurses by the district chaplain. In addition to these meetings, we have in Montreal, on the second Tuesday of the month, a guild service in the chapel of St. John the Evangelist, or a social meeting at the house of one of the members at four o'clock in the afternoon. This has been arranged for those who for one reason or another may not be able to attend the evening meetings. Toronto also reports meetings in the hospitals as being most successful. In 1907 we were cheered and encouraged in our work by Miss Wood, secretary-general, on the occasion of her visit to the colonies and their branches. One thing in the past which kept many nurses in Canada from the Guild was that not being members of the Church of England they could not join the guild although they were made welcome at the meetings. This difficulty has been overcome by admitting nurses not of the Anglican communion as honorary members.

The American Guild of St. Barnabas.

In 1887 a Guild of St. Barnabas was founded in Boston by Father Osborne and now there are branches in many of the cities of the northern, southern, eastern and western states, with an aggregate membership of over two thousand. The guild in the United States differs in many respects from the guild in England and her colonies. Members there need not be of the Episcopal communion, but must be graduates of a recognized training school or nurses in training in such schools. They must, however, adopt the rule of life as set forth in their manual.

Other Guilds and Leagues.

In addition to the Guild of St. Barnabas, a guild was started in England about fourteen years ago known as "The Church Nurses' Guild." Guilds are now formed and being formed in England and the United States for nurses of the Roman Catholic Church, thus binding us all together in our work and in the sympathy of a common aim.

Leagues for Social Work.

The nurses' leagues of England, corresponding as they do with our alumnae societies and being professional in aim, are outside the scope of this paper. There are, however, leagues formed for definite social work both in England and America. In Canada we have the Heather Club, the first organized effort among Canadian nurses for social work, formed by the nurses of the Sick Children's Hospital, Toronto.

Conclusion.

Such societies as these bear witness to the fact that nurses are awakening, albeit slowly, to the duties and responsibilities of citizenship. These societies help to raise the "civic spirit" of their members and to foster the full development of the human being and citizen in every nurse. A nurse who is justly proud of her high and sacred employment must watch and work her hardest if she would be faithful to all its manifold obligations. The guild method is helpful; we meet together at stated times, in Christ's Name, and look for the blessing of Christ's promised presence. We pray each day for each other and our work, and strive to live true to a simple rule of life, to which we have all bound ourselves.

THE TRAINING SCHOOL CURRICULUM.

The Special Training School Committee of the American Hospital Association reported at the annual meeting held in Washington, D.C., September 21-24.

The members of the committee were: Dr. Henry M. Hurd, Johns Hopkins Hospital, Baltimore, Md.; Dr. Frederic A. Washburn, Massachusetts General Hospital, Boston, Mass.; Dr. J. N. E. Brown, Toronto General Hospital, Toronto, Ont.; Miss Charlotte A. Aikens, 722 Sheridan Avenue, Detroit, Mich.; Miss Mary L. Keith, Rochester City Hospital, Rochester, N.Y.; Miss Mary M. Riddle, Newton Hospital, Newton, Mass.; Dr. W. L. Babcock, The Grace Hospital, Detroit, Mich.

The report is as follows:

CLASSIFICATION OF HOSPITALS.

(1) Isolated small hospitals.

(2) Small hospitals, near to, or in affiliation with large general hospitals.

(3) Special hospitals, including eye and ear, skin and cancer, children's and infants', lying-in, tuberculosis, orthopedic hospitals, etc.; sanatoria for nervous and mental diseases, hospitals for contagious diseases; hospitals for the insane, and hospitals for incurables.

(4) Large general hospitals.

It is the sense of the Committee that hospitals of less than twenty-five beds, which cannot affiliate or maintain some association with larger institutions, on account of their isolation or financial condition, should not attempt to maintain training schools for the training of nurses.

The following general recommendations, to cover all classes of hospitals, were adopted by the Committee:

(1) That a probationary term of not less than three months be maintained.

(2) That probationers be admitted in classes, at regular intervals, preferably twice yearly.

(3) That a preliminary course of study, of not less than three months' duration be given to each class, such course to include practical demonstrations of general nursing methods.

(4) That at least two weeks of the preliminary course be given before allowing pupils to assume any nursing responsibility.

(5) That pupil nurses should not be called upon to give more than sixty-three hours per week to their work, including class hours and exclusive of time off duty. Emergency work out of hours, or overtime work, should be repaid pupils as soon as possible. All time lost by illness of pupils should be made up at the end of the course.

(6) That all hospitals which cannot give one of the courses hereinafter outlined, it its entirety, should seek affiliation with other hospitals in the subjects not covered by the class of patients under treatment.

(7) That paid medical instructors should be employed by all hospitals that can afford to employ them. The Committee has ascertained that a few hundred dollars per year will furnish competent paid instructors for the work.

Where paid instructors cannot be maintained, arrangements should be made to have the lectures and strictly medical teaching of the school presented by two or three medical men, rather than by a larger number of physicians.

(8) That a vacation of at least two weeks per year, for the two years three months course, and three weeks per year for the three years course be allowed all pupils during the summer months.

(9) That all hospitals maintaining training schools of any character, including hospitals for the insane, employ a graduate nurse as superintendent of nurses.

(10) That no hospital should attempt to maintain a training school for nurses if it cannot meet the requirements of the two years three months minimum course, or arrange affiliations with other hospitals that will provide full equivalents.

(11) That training schools should not be maintained in small hospitals, without at least two paid resident instructors being provided for the teaching of nurses, one of whom must necessarily be superintendent of the hospital and principal of the training school. That all hospitals, irrespective of size, have a graduate nurse as night supervisor. This number shall be considered the absolute minimum, irrespective of the size of the school.

(12) That many large general hospitals can advantageously establish a course of six or nine months in hospital economics, administration and institutional nursing. This recommendation is made in response to the great demand for nurses trained in hospital or institutional work, to fill positions in training schools or other hospital departments.

QUALIFICATIONS FOR ADMISSION AS A PROBATIONER TO THE PRELIMINARY COURSE.

(1) Age, 21 to 35 years.

(2) Height and weight, average.

(3) Physical health, sight and hearing should be normal.

(4) Physical examination should be given candidates before final acceptance to the school, by a physician appointed by the Training School Committee or Hospital.

(5) Proof of recent vaccination, or vaccination at time of entering the school.

(6) Presentation of certificate, giving evidence of one year in a high school or its equivalent. Equivalent may be defined as: (a) Additional educational qualifications. (b) Evidence of further mental training, such as courses in business college, stenography, art, music, etc. (c) Exceptional personal fitness, combined with desirable home training.

It is not expected that any one or all of the above suggested qualifications be accepted in lieu of a common school education. It is suggested that occasional candidates may have qualifications or attributes which might be considered equivalent to the first year of high school duty.

An application blank, covering the above necessary qualifications and several other questions that will occur to the principal, should be devised. It is recommended that a form similar to Appendix A be used for

a physician's statement. It may be incorporated as a part of the application blank. Even though the physician's statement be satisfactory, a physical examination should be made by a physician appointed by the training school committee or the hospital at the time of admission to the preliminary course.

CLASS I.

Isolated Small Hospitals.

The Committee recognizes that the training school problem in the isolated small hospital, of from twenty-five to seventy-five beds, is a problem apart from the training school situation in larger institutions. Numerically, this is the largest division of hospitals in the classification. Hospitals of this size are scattered throughout the entire country. They are most common in the middle west, south and far west, and are less stable in organization than older and larger institutions. They may be municipal, county, private or semi-private in their management, or, as is frequently the case, organized by village or corporate associations. The professional work and medical departments of these hospitals are usually more or less circumscribed in variety and limited to general medicine, general surgery and gynaecology. A moderate number of these hospitals have small obstetrical departments, and a still smaller number have a children's department. Few of the smaller institutions have a contagious department. Many of these hospitals have demonstrated the possibility of maintaining training schools that compare favorably with schools in larger institutions. Properly managed training schools in these institutions are recognized as capable of turning out graduates well qualified for general medical and surgical nursing in private families. Many factors entering into the situation of these schools lead the Committee to recommend a two years three months course, of which three months shall constitute a definite preliminary course of study.

The term of school training should be not less than thirty-eight weeks per year for the two years three months minimum course hereinafter outlined.

Preliminary Courses.

The preliminary schedule as outlined can be used for the two years three months' course in the smaller hospital, or the complete three years' course in the large general hospital. The teaching of these subjects in the preliminary course must of necessity be more or less elementary. It is recommended that the study of the subjects outlined be attempted in a systematic manner. It is not expected that they will be completed during the three months of preliminary training. This course should be amplified and continued throughout the junior year, in association with subjects hereinafter outlined for the first year. This course has been constructed with the hope that it will provide the groundwork of the subsequent practical career of the pupil nurse in the school and in the hospital.

Preliminary Course.

(a) Practice and theory of nursing (elementary).

(b) Disinfection, sterilization and protection against bacterial disease (elementary bacteriology).

(c) Study of common drugs and their administration. (Preferably taught in pharmacy in class sections. See Clinics and Demonstrations, first year, No. 16.)

(d) Dietetics: Classification of foods, care of foods, cooking of foods, serving of foods. (See Clinics and Demonstrations, first year, No. 15.)

(e) Hospital ethics.

(f) Household economy. (See Clinics and Demonstrations, first year, Nos. 1, 2 and 3.)

(g) Hygiene and sanitation.

(h) Bandages and Dressings. (See Clinics and Demonstrations, first year, Nos. 9, 10 and 11.)

(i) Elementary study of anatomy and physiology.

JUNIOR YEAR.

(a) Continuation of studies of preliminary course.

(b) General medical and surgical nursing.

(c) Ward and bedside clinics and demonstrations.

OUTLINE.

CLINICS AND DEMONSTRATIONS (FIRST YEAR).

(1) Beds; bedding; bed-making, with and without patient; management of helpless patients; changing beds; bed-making for operative patients; rubber cushions; bed rests; cradles; arrangement of pillows, etc.; substitutes for hospital appliances.

(2) Sweeping; dusting; preparing room for patient; disinfection of bedding; furniture, etc.; care of patients' clothing in wards and private rooms; disinfection of infected clothing.

(3) Care of linen rooms; refrigerators; bath rooms and appliances, sinks; hoppers; bath-tubs, etc.

(4) Baths—full sponge, to reduce temperatures; foot baths; vapor baths, hot and cold packs.

(5) Administration of rectal injections, for laxative, nutritive, stimulating, astringent purposes; care of appliances; disinfection of excreta.

(6) Vaginal douches; methods of sterilizing appliances; use and care of catheters; vesical douches; rectal and colonic irrigations.

(7) Local hot and cold applications; making of poultices; fomentations, compresses; methods of application; care of hot water bottles; uses and care of ice caps and coils.

(8) Chart keeping; methods of recording bedside observations.

(9) Making of bandages — roller, many-tailed, plaster, abdominal, breast; pneumonia jackets.

(10) Methods of applying roller bandages.

(11) Methods of applying other bandages.

(12) Appliances to prepare for ward examinations and dressings; sterilization of ward instruments; nurses' duties during dressings.

(13) Preparation of patients for operation; hand disinfection.

(14) Preparation and care of surgical dressings, sponges, swabs, etc.

(15) Tray setting and food serving; feeding of helpless and delirious patients; management of liquid diet.

(16) Administration of medicines; methods of giving pills, tablets, capsules, powders, oils, fluids; application of plasters, ointments, etc.; use and care of medicine droppers and minim glasses, atomizers, inhalers, hypodermic syringes, etc.; management of inhalations, eye drops, suppositories, etc.

(17) Care of the dead.

(18) Symptomatology—the pulse; correct methods of examining pulse; volume, tension, rhythm, rate, etc.; effect of exercise, emotions, baths, drugs, shock and hemorrhage.

(19) The face in disease—the skin; expression, eyes, mouth, teeth, etc.; variations from normal, care of mouth and teeth; general observations of the body.

(20) Respiration—normal and in respiratory affections.

(21) Pneumonia—respiration, cough and sputum; crisis and lysis explained and charts shown.

(22) Typhoid fever—face, rose spots, temperature charts, changes in temperature and pulse explained; danger signals; prophylactic measures; methods of managing delirious patients, proper restraint, etc.

(23) Specimens of excreta—urine, sputum, feces, etc.; nurses' duties regarding each; importance and general management.

(Note.—The numbers signify only headings or divisions, and should not be construed to limit the number of demonstrations or clinics.)

SECOND YEAR.

Lectures and Demonstrations.

Accidents and emergencies, including poisonings, two hours.
Fractures and head injuries, one hour.
Preparation of patients for anesthesia and their after care, one hour.
Surgical material, instruments, and operative technique, two hours.
Complication of wounds, two hours.
Infection, inflammation and immunity, one hour.
Care of orthopedic patients, one hour.
Gynaecology, two hours.
Diseases of the digestive organs, two hours.
Diseases of the kidneys, one hour.
Typhoid fever, two hours.
General fevers, one hour.
Tuberculosis, two hours.
Other diseases of the lungs, two hours.
Diseases of the heart and circulatory system, one hour.
Obstetrics, seven hours.
Contagious, infectious and genito-urinary diseases, three hours.
Diseases of the skin and morbid growths, one hour.
Care of infants and sick children, four hours.
Diseases of the eye, one hour.
Diseases of the ear, nose and throat, one hour.

Diseases of the nervous system, insanity and care of delirious patients, two hours.

OUTLINE.

CLINICS AND DEMONSTRATIONS (SECOND AND THIRD YEARS).

(1) Surgical technique; preparation for operation; nurses' duties during operations.

(2) Preparation of antiseptic gauzes, ligatures, etc.; preparation for hypodermoclysis; for aspirating; preparation for anesthetist's outfit.

(3) Management of sutures and ligatures during operation; instruments for common operations.

(4) Surgical anatomy and surgical positions.

(5) Surgical specimens—appendix, tumors, cysts, bone, etc.: preparation and general care.

(6) Methods of preparing patients for examinations; inspection, percussion, auscultation, etc.; abdominal, vaginal, instrumental and non-instrumental.

(7) Methods of arresting hemorrhage; external, internal.

(8) Clinic on pulse and affections of the heart and circulatory system.

(9) Clinic on respiratory affections—pneumonia, pleurisy, asthma, tuberculosis, etc.

(10) Fevers—important symptoms in special cases.

(11) Sepsis—charts shown; important symptoms and nursing points.

(12) Children's diseases—rickets, teeth, general characteristics; skin affections of children; diseases of the eyes, ears, glandular system; comparison of symptoms in children with adults; marasmus; digestive disorders; adenoids, etc.

(13) Orthopedic clinic; bow-legs, Potts' disease; imperfect development; hip-joint disease; spinal curvature; physical exercises; adjustment of braces; extension of apparatus and corrective appliances.

(14) Milk modification for infants according to different formulae; also for fever patients and invalids.

(15) Obstetrical methods; preparation for normal labor; for instrumental delivery; dressing the cord; care of the baby's mouth and eyes; massage of the mother's breasts; use and care of breast pump; application of abdominal and breast binders; bathing and dressing the baby; management of obstetrical emergencies, etc.

(16) Demonstration of ophthalmic methods; washing out the conjunctival sac; applying eye drops to the eye; eye compresses; preparation for ophthalmic operations, dressings, etc.

(17) Nursing methods in aural, mouth and throat cases; preparation of field of operation in such cases; methods of feeding; uses of syringes, sprays, etc.; nasal douches; taking cultures from the throat; instruments for tracheotomy; intubations, care of tube, etc.

(18) The uses of water for remedial purposes; external application; spinal sprays and douches; Schott baths; medicated baths, etc.

(19) Internal application of water; lavage; enteroclysis; preparation for intravenous infusions, etc.

(20) Massage; demonstration of methods; effleurage; friction; petrissage; tapotement; methods of stroking; management of light and heavy treatments.

(21) Massage; kneading, percussion; general massage; contra-indications.

(22) Local massage—legs and abdomen.

(23) Local massage; head and neck.

(24) Physical exercises; passive and active movements.

(25) Urine and urinalysis; simple tests for albumen, sugar, acidity, specific gravity, etc.

(26) First aid methods—bandaging, etc., in case of accident; artificial respiration, etc.

(27) Management of delirious and insane patients.

(Note.—The numbers signify only headings or divisions, not the number of demonstrations or clinics. It is hoped that each school will utilize such patients as the institution provides, to give as varied clinical and practical instruction as possible.)

It is recommended that; as the facilities and needs of different hospitals vary, several of the above subjects be amplified and others added to suit local requirements. Not less than forty-two hours during the second year should be devoted to the practical teaching of the above subjects. It is recommended that continued and special attention be given, throughout the second year, to dietetics, hygiene and the management of special diseases. It will occasionally occur that patients suffering from some special disease, epidemic, or infection may be brought into the hospital. If possible, they should be made the occasion of special clinics and demonstrations.

The above outline of the two years three months' course should constitute the minimum teaching course in the isolated small hospital. Hospitals that cannot give this schedule in its entirety should arrange affiliations with larger hospitals.

CLASS II.

Small Hospitals in Proximity to Large General Hospitals.

The Committee recommends that hospitals of from twenty-five to seventy-five beds, in proximity to larger hospitals or large medical centres, arrange for affiliation with these institutions, for such training school work as cannot be given in the local hospital. Hospitals of this class, which cannot give the three years' maximum course, hereinafter outlined, should arrange their affiliation so as to complete the three years' course for the pupil. This gives the services of the pupil to the local hospital for at least two years three months, or two years and six months of the course. It is not expected that affiliation will be sought by many hospitals for more than two or three subjects. If affiliation is sought as outlined, the time devoted by pupils of training schools of this class should be considered additional to the minimum schedule recommended for the isolated small hospital. The Committee recommends the following periods of affiliation: Obstetrics, three months; diseases of children, three months; contagious diseases (optional), two or

three months; general medicine or general surgery, three to six months: eye and ear, orthopedic, or out-patient work, three months.

CLASS III.

Special Hospitals.

This class includes eye and ear, skin and cancer, children's and infants', lying-in, tuberculosis, orthopedic hospitals, etc.; sanatoria for nervous and mental diseases, hospitals for contagious diseases, hospitals for incurables and for the insane.

On approaching the subject of training schools for these hospitals, the Committee met with considerable difficulty, incident to the limited character of the work carried on.

The Committee recommends that large hospitals for the insane, giving a two years three months' course, as outlined, seek affiliation or reciprocity with general hospitals, in subjects which, from lack of material or other reasons, cannot be given in the parent school.

Other special hospitals in this class should seek pupils from general hospitals desiring to affiliate in their specialty, or employ graduates. The Committee does not consider that special hospitals, whose clientele is limited to one specialty, are in a position to maintain training schools or to train nurses adequately for general nursing.

CLASS IV.

Large General Hospitals.

The Committee recommends a three years' graded course for training schools in hospitals of this class, the course to include a probationary period of three months, including the preliminary course, as stated, of from three to six months, for each class of probationers.

The outline for the three years' graded course assumes that a hospital of seventy-five or more beds offers at least, either at home or by affiliation, nursing in the following departments: Medicine, surgery, obstetrics, and diseases of children.

Preliminary Course of Three to Six Months.

The outline for this course will be found in the two years three months' course. It is expected that the work in the preliminary term of the three years' course be amplified and advanced beyond that of the shorter course.

First Year Theoretical Work.

Preliminary course as previously outlined, and in addition:

Principles of Nursing—Thirty hours. (Class recitations from text-books or by topics or by lectures.)

Fever Nursing, including contagion, twelve hours.

Study of Drugs and Their Administration, ten hours.

Measuring and Determining Body Fluids, two hours.

Reviews and Examinations, four hours.

First Year Practical Work.

Practical work of the preliminary course (as previously outlined) and in addition:

Medical Nursing—Three to five months. (Including the nervous and insane, fevers [non-contagious] and all the general medical affections of men and women.

Surgical Nursing—Three to five months. (Including gynaecology and orthopedics.)

Vacation, three weeks.

It is recommended that two months of night duty be given in this year, one month in medical and one month in surgical wards.

The practical work of this year is also to be supplemented by bedside clinics and demonstrations as outlined.

SECOND YEAR THEORETICAL WORK.

Study of Drugs and Their Administration, ten hours.

Massage, one to two hours.

Anatomy and Physiology, twelve to twenty hours.

Foods and Food Values, eight to fourteen hours.

Bedside Clinics or Lectures, eight to fourteen hours.

Obstetrical Nursing—Class recitations, ten to sixteen hours. Lectures, four to six hours. Demonstrations included in practical work.

Reviews and Examinations, eight hours.

SECOND YEAR PRACTICAL WORK.

Operating Room Experience, two to four months.

Nursing Sick Children, two to four months.

Nursing Services in the special departments of the hospital, such as: Department for contagious diseases; department for private patients; dispensary or out-patient department, four to five months; emergency wards; open air department.

Massage, eight to twelve lessons.

Vacation, three weeks.

Two or three months of night duty are recommended.

The practical work of this year is to be supplemented by bedside clinics and demonstrations as outlined.

THIRD YEAR THEORETICAL WORK.

Lectures on Special Subjects—Six to twelve hours. Care of the eye; care of the ear, nose and throat; care of the nervous and insane; diseases of the skin and venereal diseases; tuberculosis; contagions. Hospitals not treating any class of cases mentioned above will lack in practical work and should devote more time to theory.

Ethics of Private Nursing, six hours.

Lectures on Subjects Allied to Nursing—Seven to fourteen hours. Industrial and living conditions of the community; tuberculosis in the community; local milk and food supply; local charitable resources and relief of needy families; social service and charity work; settlements, visiting nurse work, school nursing; preventive work of board of health; the nurse's obligation to her school, and to her alumnae association; current topics related to nursing. Lectures on subjects allied to nursing should be given by specialists or experts.

THIRD YEAR PRACTICAL WORK.

Obstetrical Nursing, two to four months.

Diet Kitchen Practice, including the modification of milk, one to two months.

District Nursing under Supervision, one to two months.

Executive Work (for pupils who show fitness), five to six months—in charge of wards; in training school office; as assistant to night supervisor.

Vacation.

One to two months of night duty are recommended.

Each senior pupil should conduct, under supervision, at least one demonstration for the junior class.

The practical work of this year should be supplemented by bedside clinics and demonstrations as outlined.

THE TRAINING OF ASSISTANTS OR ATTENDANTS FOR THE CARE OF CHRONIC CASES AND THE SICK AMONG THE POORER CLASSES.

The following was one of the resolutions which forms the basis of the work of the Committee:

"Second: To consider to what extent hospitals should undertake to prepare a class of nurse helpers or assistants."

The Committee would recommend that in future consideration of this subject, the words "nurse helpers" be dropped as a misnomer and the word "attendants" be substituted.

The inquiries of the Committee have clearly demonstrated the fact that there is a great demand in all parts of the country for a class of attendants or nurses with special training and capacity to nurse or care for patients suffering from minor illnesses, chronic diseases, etc., in the great middle class and among the poorer class. In most of the leading cities a small percentage of the needs of the poorer class are met by visiting nurse associations, guilds for the care of the sick, etc. The number of nurses representing these associations is inadequate to cover thoroughly the field in which they are supposed to work. To meet the demand for this class of nursing a large body of "attendants," with a certain degree of training, is necessary. Their capacity and training should enable them to minister to the class of patients designated above, at a rate ranging from $8.00 to $15.00 per week.

The following paragraphs expressed the views of the Committee:

(a) It is the unanimous opinion of the Committee that general hospitals, meeting the requirements of the two years three months' course, or the three years' full course, are not in a position to train attendants (so-called "nurse helpers").

(b) That nurse "attendants" be trained in hospitals too small to maintain a training school, with a proviso that in these hospitals a sufficient number of graduate nurses be employed to take the full responsibility of the care of the sick and that these pupils act only as assistants to the graduates.

(c) That nurse attendants be trained in the chronic wards of large city or municipal hospitals. It is believed that such a training could be given without interfering with the maintenance of a regular training school, whose special province would be the acute wards of these institutions.

(d) That nurse attendants be trained in hospitals for incurables, homes for the aged and in many of the special hospitals designated in Class III of the Committee's classification.

(e) The Committee would further recommend to the Association that a special committee be appointed to fully investigate the subject of the nursing of people of limited means in their homes, and the education of trained attendants for this work; also to prepare an outline curriculum of training for such attendants and report to the Association at the next annual convention.

APPENDIX A.

Statement of Family Physician.

Name of applicant .....

Exact date of birth..... Height..... Weight.....

What serious illnesses has the candidate had? .....

Is she subject to headache?.....

To throat disorders? .....

To digestive disorders? .....

To ovarian or uterine disorders?.....

What is her heredity, especially in relation to tuberculosis, epilepsy, or mental disease? .....

Are her heart and lungs sound? .....

Is her menstrual function regular and normal? .....

Are her teeth in good order? .....

Breath odorless, or otherwise?..... Complexion? .....

Are her sight and hearing good? .....

Has she been successfully vaccinated? .....

Has she any physical defects, which might interfere with the work of nursing ?.....

Have you carefully examined the applicant, and do you recommend her admission to the school? .....

Signature..... M.D.

Residence .....

Date .....

The above is for the training school records.

(Note.—A physical examination will be made by a physician connected with the training school before the pupil enters the school.)

At the first meeting of the Executive Council of the Board of Governors of the Victorian Order of Nurses since the summer recess, the Chief Superintendent presented her report of the work of the Order during the summer months. Since June, Miss Mackenzie has attended, as the representative of the Order, the International Congress of Women in Toronto, visited and inspected the various branches in the north and west, besides a number of new points, with a view to establishing branches in them; and attended the convention of the Superintendents' Society, at which she read a paper on the "History of the Victorian Order."

The Vancouver branch is growing. The committee have wisely moved the Nurses' Home to the East End; thus getting nearer to the ideal state, the union of settlement work and district nursing. A third nurse is being added to the staff.

The Queen Victoria Hospital at Revelstoke is adding a new wing. The building when completed will be an up-to-date hospital, accommodating fifty patients. The financial condition is excellent. The Arrowhead Hospital under the same management has had a busy year, and the work has been perfectly satisfactory.

The Victorian Hospital at Kaslo has had a busy, successful year. The new heating plant is being put in at a cost of some $1,500; the grounds have been improved and in the summer the flower and vegetable gardens were a pleasure to behold.

The Fernie District is doing well. The nurse is busy and her little shack is as cosy as can be.

The first of the Lady Grey County Districts at Lundbreck, Cowley and Livingston is a marked success. The nurse is very busy and a great comfort to many.

A very enthusiastic meeting was held in the Y. M. C. A. building at Calgary, August 10th, for the purpose of discussing the advisability of organizing a branch of the Order there. A strong provisional committee was appointed who are working on the plan.

The Local Council of Women of Edmonton are to engage a district nurse for that city, who is to be a Victorian Order nurse.

The Guild of Saint Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday, Holy Communion at M.G.H., 6.15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 6.15 p.m. Last Tuesday Holy Communion at R.V.H., 6.15 p.m.

District Chaplain—Rev. Arthur French, 158 Mance Street.
District Superior—Miss Stikeman, 216 Drummond Street.

OTTAWA—The Cathedral, First Monday.
Chaplain—Rev. Canon Kitson, the Rectory.
Local Superior—Miss L. C. Wicksteed, 494 Albert Street.

TORONTO—St. James' Cathedral Rectory, last Friday, 8 p.m.
Chaplain—Rev. Canon Edward A. Welch, St. James' Cathedral Rectory.
Local Superior—Mrs. Welch.
Secretary—Miss Maud Roger, 5 Howland Ave.

"The Master is come and calleth for thee."

AS Jesus asked for Mary, so He has asked for you. He has said, I want you to be a nurse; I want you to spend yourself and your time in nursing; I want you to spend your money, or I want you to get your living, as a nurse. The call has come in two ways; perhaps unconsciously—as most calls do: (1) Inwardly. You were conscious of the nursing gift—the "gift of desire" ("the gift of all gifts," as Faber calls it), and of the desire to use it. (2) Outwardly. Circumstances have made it either possible or necessary for you to leave home, with its duties and pleasures, its difficulties and joys, its lights and its shades, its helps and its hindrances; circumstances have enabled or required you to nurse the sick—"those rude and sorrowful shrines of Christ's Own Gracious Presence." Such is your vocation. It is the realization of vocation which makes all the difference between a nurse who honestly tries to live out the Guild Rule, and one who simply takes up nursing as a fashion, or as a profession which is only "profession." It is most important for us to realize that we, as Guild members, however faulty, have deliberately stepped outside mere professionalism, and have, as religious women and Church nurses, said: I wish to bind myself by a simple rule of life to be true to the vocation of a Christian nurse.

Canon Holmes.

My Scallop Shell of Quiet

A Prayer of St. Augustine.

O Thou, full of compassion, I commit and commend myself unto Thee, in whom I am, and live, and know. Be Thou the goal of my pilgrimage, and my rest by the way. Let my soul take refuge from the crowding turmoil of worldly thoughts beneath the shadow of Thy wings; let my heart, this sea of restless waves, find peace in Thee, O God. Thou bounteous giver of all good gifts, give to him who is weary refreshing food; gather our distracted thoughts and powers into harmony again; and set the prisoner free. See, he stands at Thy door and knocks; be it opened to him, that he may enter with a free step, and be quickened by Thee. For Thou art the well-spring of life, the light of eternal brightness, wherein the just live who love Thee. Be it unto me according to Thy word—Amen.—*St. Augustine.*

The Measure Thou Hast Appointed for Me.

O, Almighty God! Eternal treasure of all good things! Thou fillest all things with plenteousness; Thou clothest the lilies of the field, and feedest the young ravens that call upon Thee. Let Thy providence be my store-house, my own necessities the measures of my desire; but never let my desires of this world be greedy, nor my labor immoderate, nor my care vexatious and distracting; but moderate, holy, subordinate to Thy will, the measure thou hast appointed for me.—Amen.—*Jeremy Taylor.*

The Canadian Nurse

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Editorial

THE AMERICAN HOSPITAL ASSOCIATION.

We regret very much that pressure on our space has compelled us to defer publication of two or three of the most important and interesting papers of the annual meeting of the American Hospital Association until next month. Chief among these is the excellent address of Dr. Homer Folks. The Washington meeting was a great success.

TUBERCULOSIS.

There are few subjects of such immediate practical importance to us all as tuberculosis and we are able this month to present to our readers an article by one of the best Canadian authorities on the subject, Dr. D. A. Stewart, of Winnipeg, Superintendent of the new Manitoba Sanitarium, the building for which is being rapidly pushed to completion under Dr. Stewart's direction. We congratulate the Winnipeg General Hospital, which is the one referred to in Dr. Stewart's paper, on having at least some special provision for teaching the nurses about tuberculosis and we hope our readers will let us know what is done in other hospitals throughout the Dominion. Dr. Stewart's article is advanced and progressive. It is also most interestingly written.

NEURASTHENIA FROM A NURSE'S POINT OF VIEW.

We are proud to publish the paper on this subject by Miss Rankin, of St. Joseph's Hospital, London. It is one of the best papers ever written on the nursing of nervous patients and we can only advise our readers to pay great attention to it. Miss Rankin's presentation of the subject is striking in its candor, force, and gentleness, and in its grasp of the underlying causes of the most complex problem of the modern nurse. By some strange mistake and to our great regret, the paper was not properly announced in the brief notice that appeared last month. But it needs no announcement. It speaks for itself. The work presented by Miss Baird on Dietetics, the fine paper of Miss Chesley, and especially the paper already referred to have made the September meeting of the superintendents in London a memorable one.

THE CANADIAN ARMY NURSING SERVICE RESCUE.

We understand that plans are under way by which a great mass meeting of nurses and the general public will be held on or about Victoria Day, May

24th, under the distinguished patronage of His Excellency the Governor-General, who will preside. It is likely that Toronto may be chosen by the Government, for reasons of convenience, and it is hoped that an arrangement may be made which would enable nurses from a distance to attend. We hope to make a definite announcement shortly. The arrangements are in the hands of Lieut.-Col. Guy Carleton Jones, Director-General of the Army Medical and Nursing Services in Canada.

Editorial Notes

Finland.

Nurses' Training Homes.—The Union of Nurses' Training Homes in Finland now has 48 nurses in residence and with Government grants and an annual donation of 3000 marks from the Red Cross Society, it is doing well. It is now celebrating its tenth jubilee, according to the account given in Elsione.

England.

Medals for Nurses.—Lieut. Shackleton, of South Pole fame, distributed prizes recently at the Middlesex Hospital Medical School and presented a gold, silver and bronze medal respectively to Nurses Gillam, Phillips and Hardy, who had done the best medical and surgical work in the wards during the year. These are the Fardon medals, founded by the friends of Dr. Fardon, for more than thirty years R. M. O. of the hospital. Middlesex Hospital is fortunate. Last year she secured Rudyard Kipling to make that famous address on doctors, and this year she has Lieut. Shackleton, who no doubt felt at home when he remembered that his sister is head nurse at the Children's Hospital in Winnipeg.

The Catholic Nurses' Guild.—At the Convent of the Visitation, Harrow-on-the-Hill, the Rt. Rev. Abbot Egan spoke of the Good Samaritan. "The nurse's profession," he said, "is nobler even than the physician's, for the latter has not the constant attendance on his patient, which is the nurse's duty; therefore hers is the higher call, because it gives occasion for a more extended exercise of the Christian virtues of patience, humility, and silence."

Ceylon.

Hospitals and Asylums.—The report of Sir A. Perry for 1908 shows that new hospitals are being built in Ceylon, and all the hospitals are improving. There is much need for more improvement as some of the out-station hospitals have no nurses!

Great Britain.

The Nurses' Missionary League.—Fourteen more nurses have gone to the foreign field from the league, and three valedictory meetings, all of which were well attended, were held for them. One of the most interesting addresses was given by Miss Rosevear, of St. Stephen's Hospital, Delhi. She said: "Nobody was too good for the life, for the temper was tried there to the utmost. No one has such opportunities in the mission field as a nurse, for

nurses live with their patients and create a Christian atmosphere around them. The training of a nurse is meant to develop her womanhood, and in the mission field her mother love has great calls made upon it, for the native nurses are but children and have to be trained in character, so that they may learn to be truthful and obedient. She will also probably have real babies to attend to, whose mothers only give them up to the hospital so as to save the trouble of a funeral; and the nurse will need much sister love to help the miserable women patients, whose misery is chiefly because they are women."

CORRESPONDENCE.

To the Editor of the Canadian Nurse, Toronto:

Dear Madam,—We greatly need missionary nurses in the West of Canada. The first essential in any nurse entering the service of the Women's Home Missionary Society is a strong missionary tendency, a love of charitable work for the work's sake. The second is adaptability. She must be resourceful and willing to make the most of inadequate equipment and uncongenial surroundings, as the majority of patients are foreigners. Men, women and children are admitted into the Home Mission hospitals and mission houses and given the required treatment in a clean, Christian atmosphere under loving, skilful influences.

As the work is supported largely by voluntary missionary offerings, representing, in many cases, much sacrifice on the part of the donors, the Board is not in a position to remunerate the nurses according to their full value; it can only give what might be termed a nominal salary, the maximum being sixty dollars per month and the minimum twenty-five, including board and laundry.

The life is one of sacrifice with its isolation and hard work giving a higher nobility to a noble calling. The help problem is as serious in the West as in the East and although the resources of the Board would permit of assistance for the heavier part of the work, on many occasions it is not available, consequently the nurse has to do what her hand finds to do whether she expected to do it or not. This picture of the work may not be attractive to nurses seeking monetary profit or professional fame, but it presents to the nurse with missionary inclinations a life of service and devotion to Christ and humanity.

Hoping this appeal may meet with an encouraging response, believe me,

Faithfully yours,

(MRS. H. M.) JEAN KIPP,

Cor. Secy. Women's Home Missionary Society
of the Presbyterian Church in Canada.

546 Bathurst St., Toronto, Oct. 16th, 1909.

Official Department

Queen Alexandra's Imperial Military Nursing Service.

The Canadian Permanent Army Medical Service (Nursing Branch).

The Canadian Society of Superintendents of Training Schools for Nurses.—President, Miss Brent, Superintendent Hospital for Sick Children, Toronto; Secretary, Mrs. House, Superintendent City Hospital, Hamilton.

The Canadian National Association of Trained Nurses.—President, Miss Snively, Toronto General Hospital; Sec.-Treas., Miss Shaw, General Hospital, Montreal.

The Association of Hospital Superintendents of Canada.—President, Mr. H. E. Webster, secretary Royal Victoria Hospital, Montreal; Secretary, Dr. J. N. E. Brown, Medical Supt. General Hospital, Toronto.

The Canadian Nurses' Association.—President, Miss Baikie, 25 Lorne Ave., Montreal; Cor. Secretary, Miss Colley, 133 Hutchison Street, Montreal.

The Manitoba Association of Graduate Nurses.—President, Mrs. Bruce Hill; Secretary, Miss Isabel Gauld, 375 Langside St.

The Graduate Nurses' Association of Ontario.—President, Mrs. Currie, 175 College St.; Cor. Secretary, Miss Edith Hargrave, 146 Winchester St.

The Victorian Order of Nurses.—Miss Mackenzie, Chief Superintendent, 578 Somerset St., Ottawa.

The Guild of St. Barnabas for Nurses.

The Brockville Graduate Nurses' Association.—President, Miss Margaret Carson; Sec.-Treas., Mrs. V. A. Lott.

The Collingwood G. and M. Hospital Alumnae Association.—President, Miss G. Morrison; Secretary, Miss J. E. Carr.

The Calgary Graduate Nurses' Association.—President, Miss Rutherford, 506 4th St. West.; Secretary, Miss Dewar, 824 8th Ave. West.

The Edmonton Graduate Nurses' Association.—President, Miss Mitchell, Supt. Isolation Hospital; Secretary, Mrs. Manson, 630 Sixth St., Edmonton.

The Ottawa Graduate Nurses' Association.—President, Mrs. H. C. Church, 81 First Avenue, Ottawa; Secretary, Miss Nellie E. Slack, 189 Metcalfe St., Ottawa.

The Fergus Royal Alexandra Hospital Alumnae Association.—President, Miss Pauline Martignoni, Supt. of Nurses, Royal Alexandra Hospital; Sec.-Treas., Miss Trout, Harriston.

The Galt General Hospital Alumnae Assosciation.—President, Mrs. Wardlaw; Secretary, Miss Adair.

The Guelph General Hospital Alumnae Association.—President, Mrs. A. Anderson; Cor. Secy., Miss J. E. Anderson.

The Hamilton City Hospital Alumnae Association.—President, Miss Coleman; Cor. Secy., Miss Aitken.

The London Victoria Hospital Alumnae Association.—President, Miss Hannah; Secretary, Miss Gertrude Armstrong, care Mrs. Judge, Dorchester.

The Kingston General Hospital Alumnae Association.—President, Mrs. Tilley, 228 Johnston St., Kingston; Secy.-Treas., Mrs. Nicol.

The Montreal General Hospital Alumnae Association.—President, Mrs. K. H. Brock; Cor. Secy., Miss Ethel Brown.

The Montreal Royal Victoria Hospital Alumnae Association.—President, Miss Grant; Secretary, Mrs. Edward Roberts, 135 Colonial Ave., Montreal.

The Ottawa Lady Stanley Institute Alumnae Association.—President, Mrs: C. T. Ballantyne; Secy.-Treas., Miss M. K. Gallaher.

The St. Catharines G. and M. Hospital Alumnae Association.—Secretary, Miss E. M. Elliott.

The Nova Scotia Graduate Nurses' Association.—President, Miss Pemberton, "Restholm," Halifax; Secretary, Miss Kirke, Supt. Victoria General Hospital, Halifax.

The Toronto Central Registry of Graduate Nurses.—Registrar, Mrs. Downey, 554 College St.

The Toronto General Hospital Alumnae Association.—President, Miss Bowerman, 349 Sherbourne St.; Cor. Secy., Miss Ida L. Burkholder, 728 Spadina Ave.

The Toronto Grace Hospital Alumnae Association.—President, Mrs. Macquoid; Secretary, Miss Smith, 9 Pembroke St.

The Toronto Graduate Nurses' Club.—President, Miss Bowerman, 349 Sherbourne St.; Secretary, Miss Minnie Christie, 19 Classic Ave.

The Toronto Hospital for Sick Children Alumnae Association.—President, Miss Barnard, 608 Church St.; Cor. Secy., Miss B. Goodhall, 666 Euclid Avenue.

The Toronto Riverdale Isolation Hospital Alumnae Association.—President, Miss Mathieson, Supt. Riverdale Isolation Hospital; Secretary, Miss Muriel Gale, Riverdale Isolation Hospital.

The Toronto St. Michael's Hospital Alumnae Association.—President, Miss Power, 9 Pembroke St.; Secretary, Miss O'Mara, 9 Pembroke St.

The Toronto Western Hospital Alumnae Association.—President, Mrs. McConnell; Cor. Secy., Miss Butchart, 19 Oxford St.

The Winnipeg General Hospital Alumnae Association.—President, Miss Johns, Winnipeg General Hospital; Secy.-Treas., Miss Hood, 367 Langside Street.

The Vancouver Graduate Nurses' Association.—President, Mrs. W. F. Salsbury, 1340 Barnaby St.; Secretary, Miss Ruth Judge, General Hospital, Vancouver.

The Vancouver General Hospital Alumnae Association.—President, Miss Roycroft, 1036 Haro Street, Vancouver; Secretary, Miss Jessie Hart, 2240 Westminster Ave., Vancouver, B.C.

The Victoria Graduate Nurses' Association.—President, Miss Keast, Carberry Gardens; Secretary, Miss Ethel Morrison, 1442 Elford St., Victoria.

ALUMNAE ASSOCIATION, TORONTO GENERAL HOSPITAL.

President—Lucy Bowerman, 349 Sherbourne St.
First Vice-President—Ida Beam, 728 Spadina Ave.
Second Vice-President—Annie Hartley, T.G.H.
Recording Secretary—Mrs. Feeney, 44 Willcocks St.
Corresponding Secretary—Ida L. Burkholder, 728 Spadina.
Treasurer—Marion E. Hall, 18 Earl St.
Board of Directors—A. J. Scott, Grace Hospital; M. Tweedie, 53 Langley Ave.; Edith Hargraves, 146 Winchester St.

Conveners of Committees:

Sick Visiting—Elizabeth Field, 505 Sherbourne St.
Registration—M. E. Christie, 19 Classic Ave.
Programme—Mrs. Feeney, 44 Willcocks St.
Social and Lookout—Miss Richardson, 551 Sherbourne St.
Press—S. Caroline Ross, 1 Selby St.
Central Registry—Miss Kate Snodgrass, 644 Spadina Ave.; H. Fralick, 728 Spadina Ave.
Canadian Nurse Representative—Miss Lennox, 107 Bedford Road.

THE ALUMNAE ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

Officers for 1909-10: Hon. President, Miss L. C. Brent; President, Miss M. L. Barnard; 1st Vice-President, Miss M. Ewing; 2nd Vice-President, Miss A. Robertson; Recording Secretary, Miss B. Goodall, 666 Euclid Ave.; Corresponding Secretary, Miss M. Isaacs; Treasurer, Miss M. Wilson; Directors— Miss E. Jamieson, Miss M. Holly; Miss G. Thompson, Convenor of Committee (Business and General); Miss Josephine Hamilton. Press Representative, Miss Clutterbuck. Canadian Nurse Representative, Miss L. McCuaig. Sick Visiting, Miss Josephine Hamilton. Central Registry, Miss M. L. Barnard and Miss J. Fellows.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE

Postings and Transfers.

Sisters.

Miss M. O'C. McCreery, to Military Hospital, Cottonera, Malta, from Military Hospital, Valletta.

Staff Nurses.

Miss M. A. Wilson Green to the Alexandra Hospital, Cosham, from the Queen Alexandra Military Hospital, Millbank, London.

Miss A. C. W. Teevan, to Military Hospital, Chatham, from Cambridge Hospital, Aldershot.

Miss N. R. McNeil, to Cambridge Hospital, Aldershot, from Military Hospital, Chatham.

Miss M. H. Graham, to Military Hospital, Colchester, from Cambridge Hospital, Aldershot.

Miss K. A. Broade, to Cambridge Hospital, Aldershot, from Military Hospital, Colchester.

Appointments Confirmed.

Staff Nurses.—Miss E. B. Levay, Miss S. F. Davies, Miss E. C. E. Lindsay, Miss M. Kearney, Miss E. D. Lang, Miss M. A. Roe.

C. H. KEER,
Matron-in-Chief, Q.A.I.M.N.S.

THE ALUMNAE ASSOCIATION OF THE COLLINGWOOD GENERAL AND MARINE HOSPITAL TRAINING SCHOOL FOR NURSES.

Officers for 1908-09: Hon. President, Miss Morton; President, Miss G. Morrison; First Vice-President, Miss P. J. Cottrill; Second Vice-President, Miss Ella Baker; Secretary, Miss J. E. Carr; Assistant-Secretary, Miss E. M. Dawson; Treasurer, Miss M. M. Redmond.

Sick Visiting Committee: Miss Moore, Miss Robinson, Miss G. Morton, Miss Klinck.

The meetings are held on the last Thursday of the month at 3 p.m. in the board room of the hospital.

CANADIAN ARMY SERVICE CORPS—ARMY MEDICAL SERVICES.

Militia Order 284.

Leave of absence has been granted as follows

Nursing Sister L. E. Eaton, P.A.M.C., from the 1st to the 31st instant, inclusive. (H.Q. 7527-2.)

F. L. LESSARD,
Colonel, Adjutant General.

Army Medical Corps.

To be Nursing Sisters—Miss Murney May Pugh; 1st July, 1909. Miss Maria Louisa Parker; 13th August, 1909.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

Officers 1909-10.

President—Mrs. Currie.

First Vice-President—Miss E. Deyman, Hamilton.

Second Vice-President—Miss H. Hollingworth, St. Catharines.

Treasurer—Miss Mary Gray.

Recording Secretary—Miss Julia Stewart.

Corresponding Secretary—Miss Edith Hargrave.

Board of Directors—Miss Brent, Miss Matheson, Miss Potts, Miss Muldrew, Miss Barnard, Miss Neilson, Miss McNeill, Miss Jameson, Miss Wardell, Miss Donnelly, Miss Rogers, Miss Kennedy, Miss Irvine.

THE TORONTO REGISTRY OF GRADUATE NURSES.

The regular monthly meeting of the Registry was held at the office, 554 College Street, at 8 p.m., October 4th, with Miss Argue in the chair, eight members being present. The treasurer's report, which was read and adopted, was as follows: July—Registry calls, 72; personal calls, 24; total, 96. August—Registry calls, 103; personal calls, 26; total, 129; unanswered, 3; experienced, 6. September—Registry calls, 119; personal calls, 3; total, 122; experienced, 2; nurses on list, 350; nurses sent to Cobalt, 25; nurses sent to Fort William, 3; applications accepted, 9.

FINANCIAL STATEMENT.

July 1st—Balance in bank	$811.92
Cheque not drawn	5.00
Fees for three months	322.50
Charts	4.45
Salaries for three months	180.00
Telephone	35.28
Stamps and stationery	7.65
Balance in savings account	760.19
Balance in current account	160.75
Total	$920.94

After getting through with the other business, Mrs. Downey asked for larger salary, as she had no idea of the work there was in connection with the Registry and could not meet expenses; also another assistant, as her sister found it too much of a nervous strain. It was discussed, and decided to give Mrs. Downey the salary asked, $75 a month, with an assistant at $5 a week, the assistant to take six or eight hours duty. (Since the special meeting Mrs. Downey's sister has decided to try it again.) The Registrar also spoke of the nurses not paying their fees, some as far behind as two years. It was decided that members were to be given three months' time; if at the end of that time the fee was not paid, the Registrar to notify her to the effect that she would not be considered a member till the fee was paid. Also nurses accepting calls and then refusing to go on the case, to be given a second chance; if occurring again, to be suspended.

As there was not time to finish the business, a special meeting was called for the following Monday afternoon, October 11th, at 3 o'clock.

M. L. BARNARD, Secretary.

The special meeting, to finish the business of the last meeting, was held at 554 College Street at 3 p.m., October 11th, six members being present. Four new applications were presented, three of which were accepted, and one still to be looked into. The subject of fees was discussed and it was felt there ought to be a settled fee for obstetrical work, as nurses going out from the same registry are charging different fees, ranging from $18 to $25.

Nothing was decided until the next monthly meeting, when we would hear from the different alumnae associations on the matter. Fees proposed, $21 a week; nurse to be paid from date of engagement; see rule 10. Tuberculous cases, $21 to $25, according to case. Measles to be classed as infectious.

One or two changes were thought advisable in the constitution and rules. Article X in the constitution to remain the same, with a little addition that: "Any member over three months in arrears will not be considered a member till fee is paid." Rule 4.—Registered nurses, who for sickness or other reasons refuse a call and have not notified the registrar, must in all cases go to the bottom of the list.

It was decided to revise the little book of names of the graduates and send them out amongst the doctors, colleges and boarding schools, with a small card, bearing the name of the Registry and telephone number, the latter to hang on or near the telephone.

The meeting then adjourned till the first Monday in November .

M. L. BARNARD, Secretary.

Hospitals and Nurses

On August 28th the Lachine General Hospital in affiliation with the Victorian Order was opened.

In September, three meetings which were well attended were held at Uno Park, Milberta and Englehart to discuss the advisability of organizing local associations in those parts under the Lady Grey Country District Nursing Scheme. There was a good deal of enthusiasm and provisional committees were formed to work on the scheme for those parts.

"The Minnewaska," the new health resort, located at Gravenhurst, Muskoka, which is under the management of Mrs. E. G. Fournier, formerly superintendent of Hope Hospital, Fort Wayne, Indiana, has now been open for the care of tuberculous patients for the past tix months. It has been amply demonstrated that there was a great need of just such an institution, for from the very first week of its existence, it has taken care of all the patients it could possibly accommodate, both in the main building and in a number of tents erected on the beautiful grounds. The management are gratified to know that their efforts to supply a long felt want are being recognized by so many physicians throughout the country, who were anxious to place their tubercular patients under the care of a skilled physician. That the patients and their friends feel very kindly toward the institution has again been lately demonstrated. The room formerly occupied by Miss Jean Heugh McKay, who was the first patient registered, has been beautifully furnished by her family, Mr. and Mrs. Forrest McKay of New Glasgow, Nova Scotia. The furniture, which is exquisite, is of white enamel and gold and the decorative features are of Miss Jean McKay's favorite designs. A brass name plate in her honor has been placed upon the door.

The Victorian Order of Nurses held their first monthly meeting for the season yesterday, at the Toronto home. The reports showed that the summer had been a very busy one, and during the past four months the nurses looked after 262 cases, paying a total of 3,247 visits, of which 94 were night calls. The following appointments were made: Miss Jones, to the Riverdale district; Miss Marshall, to Galt; Miss Ellis, to Halifax; Miss Holder, to be assistant in the Arrow Head Hospital, B.C.; and Miss Trusler, to Grand Mere, P.Q.

St. Michael's Hospital, Toronto, was the scene of festivities when sixteen young ladies of that institution graduated, as follows:— Miss Pauline McBride, Toronto, Ont.; Miss Margaret Cameron, Teeswater, Ont.; Miss Edna Blainey, Toronto, Ont.; Miss Isabelle O'Connor, Peterboro, Ont.; Miss Mary Hopkins, Cascade, New Hampshire; Miss Helen O'Neill, Lindsay, Ont.; Miss Regina O'Brien, St. Catharines, Ont.; Miss Mary F. O'Leary, Indian River, Ont.; Miss Alice L. Brandon, Cannington, Ont.; Miss Maude McLachlan, Peterboro, Ont.; Miss Marie Bateman, Norwich, England; Miss Rose Culkeen, Read, Ont.; Miss Estella McCullough, Brampton, Ont.; Miss Sarah Strofton, St. Alban's, England; Miss Catherine Brennan, London, Ont.; Miss Mary Ganley, Collingwood, Ont. Dr. Dwyer

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occupied the chair, in the absence of Archbishop McEvay, and the diplomas were presented by Very Rev. Drs. Burke and Roche. Father Rohleder presented each of the graduates with the engraven gold medal of the hospital. Speeches of congratulation were made by Fathers Whalen, Staley and Morrow, also by Drs. Burnham, Anderson, Garrett, Silverthorne, Aikens and McKeown. After the formal graduation exercises a reception was held in the main hall of the hospital, when the nurses in training were present to add to the congratulations of those who were about to pass from their midst.

Miss Minnie R. Walker, St. Catharines, Ont., graduate Niagara Falls Memorial Hospital, Niagara Falls, N.Y., has graduated from the Pennsylvania Orthopaedic Institute, Philadelphia, Pa.

The recent graduating exercises in connection with the training school for nurses of the Toronto Free Hospital, Weston, held on Saturday afternoon, were very successful and pleasant. Mr. W. A. Charlton presented the following prizes: For general proficiency, a nurse's bag, awarded to Miss Annie L. Bolwell, donated and presented by Dr. W. J. Dobbie, physician-in-chief; medal for practical nursing, awarded to Miss Annie E. Ball, donated by Miss E. Macpherson Dickson, and presented by Mr. Robert Mulholland. Special prize for "cheeriness on night duty," awarded to Miss Florence A. Hubbard, and presented by Rev. W. G. Wallace. At the conclusion of the formal programme the guests were entertained by Miss Dickson and the members of the nursing staff in their quarters, where a very pleasant hour was spent. A large number of the visitors availed themselves also of the opportunity of inspecting the various departments of the hospital and of viewing the provisions made for the care and comfort of the patients. Mr. J. S. Robertson, secretary of the Board of Trustees, was chairman, and Dr. J. N. E. Brown addressed the graduating class. Rev. T. Beverley Smith conducted the devotional exercise.

One of the best meetings of the Manitoba Graduate Nurses' Association was held on September 27th. There were fifteen members present and all seemed interested. The chief business was the election of officers. The officers now are: President, Mrs. Dr. Bruce Hill; 1st Vice-President, Mrs. McLeod; 2nd Vice-President, Miss Venables, of Carman Hospital; 3rd Vice-President, Miss Bowman, of Portage la Prairie; Treasurer, Miss Alice Andrew; Secretary, Miss Isabel Gauld; Executive Council—Miss Johns, Miss Jessie McDonald, Miss Hood. It was suggested and decided that we affiliate with the Woman's Council. Miss Gauld was appointed correspondent from the Nurses' Association to the "Canadian Nurse."

By invitation of the president, Mrs. A. Anderson, the nurses of the Alumnae Association of the Guelph General Hospital held their quarterly meeting at her residence on Tuesday afternoon, September 14th. There was a large attendance, increased by the presence of two or three graduates from sister hospitals, to whom the Alumnae extended a hearty welcome. After some interesting topics had been discussed, Miss Leadley, class '02, read a paper entitled "My Experience of Hospital Nursing in the Northwest," which was splendidly written, and thoroughly enjoyed by all. The nurses were then invited out to the lawn, where dainty refreshments were served,

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and a delightful time spent over the "cup that cheers" and were loath to leave the home of their president, who always has a very bright welcome for her old associates.

Miss Margaret Walker, Guelph General Hospital, '01, holidayed down the St. Lawrence to Quebec.

Miss Inglis, Guelph General Hospital, '01, head nurse in the North Chicago Hospital, Chicago, visited her alma mater recently.

Miss Pauline Martinoni is most acceptably filling the position of lady superintendent of the Royal Alexandra Hospital, Fergus. The position was made vacant by the resignation of Miss E. MacWilliams, who has located in Woodstock, where she is successfully practising private nursing. Miss Martinoni recently returned from New York, where she has been taking post-graduate work.

The graduating exercises of the class of 1909 of the Stratford General Hospital were held in the City Hall on September 24th. The class consisted of Miss Louisa Fischer, Listowel; Miss Mary Miller, Goderich; and Miss Eva C. Laing, Hamilton. A very excellent address was given to the graduating class by Dr. P. F. Quinlan. The diplomas were presented by Mayor Dingman, Mr. John Brown and Mr. J. J. Mason, members of the Hospital Trust. The Hippocratic Oath was read in an impressive manner to the class by Mrs. Staebler, lady superintendent, after which she presented the handsome school pins to the graduates. A very beautiful bunch of American Beauties was then presented to Mrs. Staebler. A pleasant surprise was given the undergraduates when Mrs. Staebler announced that, through the kindness of one of the trustees, a gold medal would be presented to the class of 1910 for highest standing in general proficiency. As each graduate was presented with her diploma, three dainty little maidens, in turn, stepped forward laden with exquisite flowers, given by the Hospital Trust and numerous friends. The programme consisted of short congratulatory addresses and vocal and instrumental selections, suitably chosen and well rendered. A pleasing number on the programme was an instrumental duet by two of the pupil nurses, Misses Detweiler and Knight. The auditorium of the City Hall was artistically decorated with bunting and flags and the platform was banked with ferns and flowers. The class motto, "Faithful in that which is least," carried out in the class colors, made a fitting background for the platform. At the close of the programme a reception was held by the lady superintendent and the graduates and dainty refreshments were served by the Ladies' Aid of the hospital, the pupil nurses looking after the guests.

Miss Elizabeth Van Exen, night superintendent of the Port Arthur Hospital, spent a few days in Stratford, where her sister is in training at the General Hospital.

Miss Keeler, of Stratford, is spending a much needed vacation at her home in Toronto.

Miss Fyfe, Victorian Order, Stratford, has returned from a month's vacation at her home in Kincardine.

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Miss Minnie R. Walker, of St. Catharines, Ont., a graduate nurse of Niagara Falls Memorial Hospital, Niagara Falls, N.Y., has gone to Philadelphia to take a course in the Swedish System of Massage at the Pennsylvania Orthopaedic Institute.

Dr. Gudrun Holm's School of Medical Gymnastics and Massage, 61 East 86th Street, New York, is progressing successfully and a course in Hydro-Therapy is being added to the previous schedule of lectures and practical work.

Miss Kirk, graduate Adelaide Hospital, Ireland, has accepted a position in the Royal Inland Hospital, Kamloops, B.C.

Miss M. Woolsey, of St. Lukes, Ontario, has been appointed to the staff of the White Horse Hospital, Y.T.

Miss Hill (V.O.), who for many years has done district nursing in Vancouver, B.C., has taken charge of Dr. Dalton's Hospital, Sumas, Wash.

Miss Craig (V. G. H.), who is doing private nursing in Seattle, Wash., was in Vancouver for a short vacation, the first week in October.

Miss Boffey (V. G. H.), passed through Vancouver on her way from Seattle to Alberta, where she will take a month's holiday.

Miss Graves, for some years the head nurse at St. Michael's Hospital, has resigned, and a most interesting presentation was made to her by the staff on the occasion. The engagement of Miss Graves to Dr. P. W. O'Brien of Toronto has recently been announced.

Miss Dixon, member of the Society of Trained Masseuses, London, England, has been appointed teacher of the Grant Macdonald Massage Class of the Training School of the Toronto Hospital for Incurables. Miss Dixon succeeds Miss May Moody, who has resigned, after teaching the class for the past three years.

Miss Pauline Martignoni has recently resigned her position as lady superintendent of the Royal Alexandra Hospital, Fergus, Ont., and has been appointed lady superintendent of the Orthopaedic Hospital, Toronto, duties to commence November 1st.

Miss Annie M. Trout, graduate of the Royal Alexandra Hospital, Fergus, Ont., year '06, has been appointed lady superintendent of the above hospital, duties to commence about November 1st.

On Monday, Sept. 27th, the new General Hospital at Vernon, B.C., was opened by Mr. Price-Ellison, M.P.P. The hospital, which is beautifully situated on Mission Hill overlooking the city, has a capacity of seventy beds, including a fully equipped maternity ward and an operating theatre that would be a credit to a much larger institution. The board of directors is now considering the building of a nurses' residence. Miss M. K. Gallaher, graduate of the General Protestant Hospital, Ottawa, is in charge. Miss Jean Wilson, also of the G. P. H., Ottawa, is head nurse in the operating theatre and Miss McElroy has been recently appointed head nurse in the maternity wing.

The annual meeting of the Alumnae Association of the Hospital for

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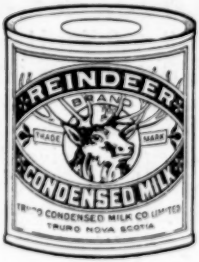

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GILMOUR BROS. & CO., 25 St. Peter Street., Montreal, Sole Agents for Canada.

Sick Children, Toronto, was held at the residence, October 14th, at 3 p.m. Election of officers for 1909-10 resulted as follows: Hon. President, Miss L. C. Brent; President, Miss M. L. Barnard, 608 Church St.; 1st Vice-President, Miss M. Ewing, 569 Bathurst St.; 2nd Viec-Pres., Miss A. Robertson, 182 Walmer Road; Recording Secretary, Miss B. Goodall, 666 Euclid Ave.; Corresponding Secretary, Miss M. Isaacs, Baldwin St.; Treasurer, Miss M. Wilson, 47 Brunswick Ave. Directors—Miss E. Jamieson, 107 Roxborough St. W.; Miss M. Holly; Miss G. Thompson, Convenor of Committee (Business and General); Miss Josephine Hamilton. Press Representative, Miss Clutterbuck, Grace St. Canadian Nurse Representative, Miss L. McCuaig, 605 Ontario St. Sick Visiting, Miss Josephine Hamilton. Central Registry, Miss M. L. Barnard and Miss J. Fellows. A great deal of business was transacted. Several alterations were made in the constitution. It was decided to hold the annual meeting in June hereafter. The secretary's report showed an increase of twelve members during the year. The treasurer's report was satisfactory. It was decided to hold a small bazaar about November 18th to reimburse the Sick Benefit Fund. Miss Brent entertained the association to tea, when an opportunity was afforded of meeting the new graduates.

The Heather Club of the Hospital for Sick Children, Toronto, held its first meeting of the season on October 14th at 4.30 p.m. It was decided to engage a visiting nurse (trained) to aid in the work amongst the children. The club is also maintaining a little boy in the H. S. C. Pasteurized milk will be supplied when needed by the hospital. The treasurer's report showed a very good balance.

The Hospital Fund in Kincardine is now rapidly growing and the secretary-treasurer, Mr. J. C. Cooke, has more than $1,800 on hand. At a recent meeting of the board of directors, a committee consisting of George M. Mackendrick, Dr. McCrimmon and Hugh Clark was appointed for the purpose of inspecting neighboring hospitals with a view of getting "pointers" for the building and equipping of the Kincardine hospital. They are visiting Berlin, Stratford, Woodstock and other hospitals. Advertisements have been published calling for tenders for the plumbing and heating of the Kincardine General Hospital according to plans and specifications prepared by Mr. Rich of London.

A meeting of the citizens of Calgary held in the Y. M. C. A. building practically decided not to form a V. O. branch at present. Miss E. M. Gourlay, secretary of the Calgary Nurses' Association, wrote suggesting that the city be divided into two districts, and that four nurses be appointed. One nurse has volunteered to do the work at a salary of $30 per month. J. A. Irvine presided at the meeting. Deaconess Harriett Lampard, of the English Church, acted as secretary. A committee consisting of Dr. W. A. Lincoln, Dr. G. A. Anderson, J. E. Bull, and Deaconess Harriet Lampard was appointed to confer with the nurses, and go into the matter more fully. Among those present at the meeting were J. A. Irvine, Dr. W. A. Lincoln, Miss Markle, Mrs. P. Burns, Deaconess Thompson and J. E. Bull, secretary of the Associated Charities.

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It is expected that the beautiful new General Hospital at Calgary will be ready some time in December. The board are in the happy position of having enough money to finish the building.

Niagara Falls Hospital, Canada, is one of the most attractive town hospitals of the province. Its situation affords the maximum of external ventilation and sunlight and the hospital itself is well kept, the patients being cared for most successfully. During the recent visit of one of our staff, the hospital was almost full. Operation cases, typhoid patients from Cobalt, etc., etc., kept all the staff busy. There are three storeys, and the nurses reside on the top flat.

The Rosebery Nurses' Club, Toronto, has changed its residence from 551 to 578 Sherbourne Street. Their telephone number remains the same, N. 1843. Miss Collins, the superintendent, will be glad to see all her friends at this address.

BIRTHS.

Abbot.—In Cleveland, Ohio, on August 3rd, 1909, a daughter to Dr. and Mrs. Abbot, nee Miss Mary Crozier, Guelph General Hospital, '02.

Lauchland.—At Dundas, Ont., on September 14th, 1909, a son to Dr. and Mrs. L. C. Lauchland (formerly Miss Crocker, R. V. H., '04).

MARRIAGES.

Carder-Maclennan.—At Vancouver, B.C., October 12th, Barbara Fraser Maclennan to Dr. Edwin Dixon Carder. Miss Maclennan was a graduate of the Vancouver General Hospital.

MacRae-McKnight.—At the home of the bride's parents, Stratford, Ont., on Saturday, October 16th, Margaret Gertrude Vance McKnight (graduate G. G. H., class '04) to Colin M. MacRae of Ottawa.

Cook-Young.—In St. John's Church, Rockwood, Ont., September 20th, Miss Florence Young to Mr. Heber Cook, druggist, formerly of Guelph, but now of Hamilton. The bride is a graduate of the Guelph General Hospital, '07.

Wheeler-McCullough.—At Calgary, Alta., on September 1st, 1909, Miss Sara McCullough, graduate of the Guelph General Hospital, class '01, to Mr. Egbert J. Wheeler of Calgary.

Elder-Borthwick.—In Toronto, Ont., on September 18th, at the home of the bride's cousin, Margaret Selena Borthwick, graduate Guelph General Hospital, class 1897, and superintendent of General Hospital, Macon, Georgia, to Eugene Boykin Elder, M.D., of Macon, Georgia, U.S.A. At home after October 1st, Macon, Georgia.

Banks-Buckland.—On Wednesday, September 29th, 1909, Ruth Amelia, daughter of Mr. and Mrs. E. Buckland, Fergus, and graduate of the Royal Alexandra Hospital, Fergus, class '05, to Mr. George Banks, of Arthur. Mr. and Mrs. Banks will reside in Arthur.

O'Brien-Graves.—On Tuesday, October 26th, 1909, at St. Peter's Cathedral, London, Ont., by Rev. M. D. O'Neil, Helena Margaret Graves to Dr. Patrick O'Brien of Toronto.

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The Nurses' Library

"Laggards in Our Schools." Leonard P. Agnes. New York: Charities Publication Committee. $1.50. 105 East 22nd St., New York. Eighty American cities have yielded the facts, especially statistics, on which this important and interesting book is based. It is one of the Russell Sage Foundation Publications, and cannot fail to produce, one would think, a great improvement in school affairs. Mr. Agnes shows that one-sixth of the children in these schools are "repeating" grades, and that under the present system there are many children who are destined to fail all through life largely because the educational authorities have failed in their part. New methods are certainly needed, and above all a new view of the situation. This book is indispensable to those interested in public schools.

"A Manual of Massage." Mary A. Ellison. London: Bailliere, Tindall & Cox. 5s. The present is the third edition of Miss Ellison's excellent work on massage. It is characterized by completeness, thoroughness and clearness and is in every respect up-to-date. There are chapters of great value on the Weir-Mitchell treatment, the Nanheim treatment, the ductless glands, etc., and one of the most valuable chapters in the book is the "Hints to Masseauses." We have no hesitation in pronouncing this work as one of the very best on the subject.

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